

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90008 050 ****61.25

DOCUMENT # 757781

1. Entity Name

**THE AMERICAN BOARD OF OPERATIVE DENTISTRY,
INC.**



Principal Place of Business
**11339 CAMPUS ST
LOMA LINDA CA 92354
US**

Mailing Address
**11339 CAMPUS ST
~~PRINCE HALL 11092 ANDERSON ST~~
LOMA LINDA CA 92354
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

91-1157301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VINCI, RICHARD DR
144 BUCKSKIN WAY
WINTER SPRINGS FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when restoring)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **FREDERICKSON, DANIEL DR**
STREET ADDRESS **5 CORINTHIAN COURT**
CITY-ST-ZIP **TIBURON CA 94920-1740**

TITLE **D** ☒ Delete
NAME **ST. GERMAIN, HENRY A JR**
STREET ADDRESS **3321 CROWN POINTE RD.**
CITY-ST-ZIP **LINCOLN NE 68506**

TITLE **ST** ☐ Delete
NAME **ROGGENKAMP, CLYDE**
STREET ADDRESS **11339 CAMPUS ST**
CITY-ST-ZIP **LOMA LINDA CA 92354**

TITLE **P** ☐ Delete
NAME **BRIDGEMAN, R CRAIG DR**
STREET ADDRESS **2348 HIWAY 105 HERITAGE CT SUITE 1**
CITY-ST-ZIP **BOONE NC 28607**

TITLE **ASTD** ☐ Delete
NAME **VINCI, RICHARD C**
STREET ADDRESS **713 WHARTON ST.**
CITY-ST-ZIP **OCEANSIDE CA 92054**

TITLE **D** ☐ Delete
NAME **DIEFENDERFER, KIM E DR.**
STREET ADDRESS **1053 WREN'S GATE**
CITY-ST-ZIP **MUNDELEIN IL 60060**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **(P)** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **(VP)** ☐ Change ☒ Addition
NAME **MITCHELL, JAN K.**
STREET ADDRESS **6931 SEQUOIA CIRCLE**
CITY-ST-ZIP **ANCHORAGE, AK 99516**

TITLE **(S)** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **(D)** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **(T)** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clyde Roggenkamp* **CLYDE ROGGENKAMP**

7 MAR 06 (909) 796-1239