

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000001850
 1. Entity Name
 NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED INC.



Principal Place of Business 1800 15TH ST #100 DENVER, CO 80202	Mailing Address 1800 15TH ST #100 DENVER, CO 80202
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 84-6129064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DORN, SAMUEL O
 8200 W SUNRISE BLVD #B2
 FT LAUDERDALE, FL 33322

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000209149
 02/02/05-80027-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MAGGIO, FRANK A DR. 2000 LARKIN AVENUE ELGIN, IL 60123
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-C PORTER, GARY PO BOX 907 HATFIELD, PA 19440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WEINSTEIN, STEPHEN 1401 17TH ST DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] Date: 1-25-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR