


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 029 ****61.25

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
---	---

60009746



01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

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	Asst. Sec. WEINSTEIN, STEPHEN 370 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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **1-19-06 303-534-5360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #