

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003121

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE FOUNDATION FOR DENTAL LABORATORY TECHNOLOGY, INC.

**Current Principal Place of Business:**

325 JOHN KNOX ROAD L-103  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

325 JOHN KNOX ROAD L-103  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 26-2381417      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRASWELL, RICKI  
325 JOHN KNOX ROAD L-103  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

BRASWELL, RICKI CAE  
325 JOHN KNOX ROAD L-103  
TALLAHASSEE, FL 32303      US

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.

SIGNATURE: RICKI BRASWELL, CAE      04/30/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: CURRAN, ELIZABETH CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T      ( ) Delete  
Name: SIKES, LINDY CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T      ( ) Delete  
Name: DELAPA, R.J.  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T      ( ) Delete  
Name: GERACE, JOE CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T      ( ) Delete  
Name: DONNELL, BART CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T      ( ) Delete  
Name: MARTIN, HENRY CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICKI BRASWELL, CAE      RA      04/30/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date