

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90006 037 ****61.25

DOCUMENT # N25393

1. Entity Name
DISMUKES' CHILDREN'S DENTAL PROGRAM, INC.



Principal Place of Business
**17 PACIFIC STREET
STE A
SAINT AUGUSTINE, FL 32084**

Mailing Address
**17 PACIFIC STREET
STE A
SAINT AUGUSTINE, FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-0668491

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, BRADLEY K
34 BAY VIEW DRIVE
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 PD ☐ Delete
NAME UPCHURCH, JR, H DAVIS
STREET ADDRESS 1524 SAN RAFAEL WAY
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE STD ☐ Delete
NAME DAVIS, BRADLEY K
STREET ADDRESS 34 BAYVIEW DRIVE
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE D ☐ Delete
NAME BOZARD, FRED H III
STREET ADDRESS 317-REDWING LN-
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE D ☐ Delete
NAME NORMAN, MIKE
STREET ADDRESS 164 PELICAN REEF DR.
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE DV ☐ Delete
NAME BEXLEY, JERRY
STREET ADDRESS 332 REDWING LANE
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Bradley K Davis **BRADLEY K DAVIS**

Date

Daytime Phone #

1/12/04

(904) 819-1999