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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000001829 (7)**

1. Corporation Name
FLORIDA FOUNDATION OF DENTAL HYGIENE, INC.

Principal Place of Business	Mailing Address
3310 SOUTH DREXEL AVE. TAMPA FL 33629	3310 SOUTH DREXEL AVE. TAMPA FL 33629

3. Date Incorporated or Qualified: 03/31/1997

4. FEI Number: 59-3488810 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELCH, LIZ 3310 SOUTH DREXEL AVE. TAMPA FL 33629	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOODS, KATIE (RHD) RDH 1547 SHERWOOD STREET CLEARWATER FL 34615	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D THACKREY, DEBRA T RDH 4300 32nd Ave N St Petersburg, FL 33713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MEANS, ANNIE (RHD) 2574-59TH AVENUE SOUTH ST. PETERSBURG FL 33712	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD MEANS, ANNIE, RDH 2574-59th Avenue South St. Petersburg, FL 33712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRAIG, SANDRA (RHD) 885 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD CRAIG, SANDRA, RDH 885 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WELCH, LIZ (RHD) 3310 S. DREXEL AVE. TAMPA FL 33629	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD WELCH, LIZ RDH 3310 S. DREXEL AVE. TAMPA, FL 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTTER, LISA (RHD) P.O. BOX 1285 PALMETTO FL 34220	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D POTTER, LISA RDH P.O. Box 1285 PALMETTO, FL 34220 (N/A)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOTZ, JEAN (RHD) 3315 BALLAST POINT BLVD. TAMPA FL 33611	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D TOTZ, JEAN RDH 3315 BALLAST POINT BLVD. TAMPA FL 33611	☒ Change ☐ Addition

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra T Thackrey DEBRA T THACKREY 4-28-98 813-525-3816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049947