2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000001829

1. Entity 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

DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3488810

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELCH, LIZ
3310 SOUTH DREXEL AVE.
TAMPA, FL 33629

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

U00000046013
02/11/04-80085-017 8.75

Filing Fee is $61.25
Due by May 1, 2004

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

U00000046013
02/11/04-80085-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	THACKREY, DEBRAT RDH
STREET ADDRESS	4300 32ND AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	SD
NAME	MEANS, ANNIE RDH
STREET ADDRESS	2574 59TH AVENUE SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	D
NAME	CRAIG, SANDRA RDH
STREET ADDRESS	3120 HAWTHORNE RD
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	TD
NAME	WELCH, LIZ RDH
STREET ADDRESS	3310 S DREXEL AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	PD
NAME	POTTER, LISA RDH
STREET ADDRESS	P O BOX 1285
CITY-ST-ZIP	PALMETTO, FL 34220
TITLE	D
NAME	WOODS, KATIE
STREET ADDRESS	2207 MANOR CT
CITY-ST-ZIP	CLEARWATER, FL 33763

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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: Elizabeth L. Welch ELIZABETH L. WELCH, Treas. 2/7/04 (813) 831-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #