

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717996

Entity Name: FLORIDA ASSOCIATION OF PERIODONTISTS, INC.**Current Principal Place of Business:**2420 HILLARY CREST ST.
#307
WESLEY CHAPEL, FL 33544**Current Mailing Address:**P.O. BOX 7075
WESLEY CHAPEL, FL 33545 US**FEI Number:** 23-7264533**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULTON, MARLINDA
2420 HILLARY CREST ST.
#307
WESLEY CHAPEL, FL 33544 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ABDONEY, MARK
Address	2714 W. AZEELE ST.
City-State-Zip:	TAMPA FL 33609

Title	VP
Name	CHURNEY, ROBERT DR
Address	28469 US HWY. 19 N. #401
City-State-Zip:	CLEARWATER FL 33761

Title	TREASURER
Name	MOREJON, OSCAR DR.
Address	815 N. NOVA RD.
City-State-Zip:	DAYTONA BEACH FL 32117

Title	OFFICER
Name	JOHNSON, PATRICK DR
Address	5111 EHRLICH RD. #150
City-State-Zip:	TAMPA FL 33624

Title	EXECUTIVE SECRETARY
Name	FULTON, MARLINDA
Address	2420 HILLARY CREST ST. #307
City-State-Zip:	WESLEY CHAPEL FL 33544

I hereby 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 all other like empowered.

SIGNATURE: MARLINDA FULTON**EXECUTIVE DIRECTOR****01/12/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date