## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 753257** 

Entity Name: FLORIDA DENTAL ASSOCIATION FOUNDATION, INC.

**FILED** Apr 28, 2023 **Secretary of State** 7017862421CC

# **Current Principal Place of Business:**

545 JOHN KNOX ROAD, SUITE 200 TALLAHASSEE, FL 32303

## **Current Mailing Address:**

545 JOHN KNOX ROAD, SUITE 200 TALLAHASSEE. FL 32303 US

FEI Number: 59-2019148 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

EASON, ANDREW J 545 JOHN KNOX ROAD, SUITE 200 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: ANDREW J. EASON 04/28/2023

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title DIRECTOR Title DIRECTOR OF FOUNDATION AFFAIRS

PAYNE, ROBERT W DR. Name Name GILLUM, R. JAI

545 JOHN KNOX ROAD, SUITE 200 Address 545 JOHN KNOX ROAD, SUITE 200 Address

City-State-Zip: TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name BURWELL, BETH MS. WALTON III, JAMES F DR. Name

Address 545 JOHN KNOX ROAD, SUITE 200 Address 545 JOHN KNOX ROAD, SUITE 200

TALLAHASSEE FL 32303 City-State-Zip: City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR Title CFO, COO

Name BUCKENHEIMER, KAREN MRS. Name GRUBER, GREGORY W Address 545 JOHN KNOX ROAD, SUITE 200 Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 City-State-Zip:

Title TREASURER, DIRECTOR Title DIRECTOR

Name BUCKENHEIMER, TERRY L DR. ALLEN, NOLAN W DR. Name 545 JOHN KNOX ROAD, SUITE 200 Address

545 JOHN KNOX ROAD, SUITE 200 Address

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

## Continues on page 2

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: GREGORY W. GRUBER

CFO, COO

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title DIRECTOR

Name LASTRA, IDALIA DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name MENENDEZ, OSCAR DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title CEO

Name EASON, ANDREW J.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name TANDY, BRUCE DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY, DIRECTOR Name COLVIN, SHARON DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name LILO, SANDRA DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name MEYMAND, SAMIRA DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name PEINADO, DANIELLA DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name GESEK, DAN DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT, DIRECTOR

Name STEVENSON, RICHARD A DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name BUSTILLO, NATALIE DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name GARCIA, ISABEL DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title COORDINATOR OF FOUNDATION

**AFFAIRS** 

Name BADEAU, KRISTIN MS.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title VP, DIRECTOR

Name KEVER, BRENNA DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name MAZARIEGOS, STEPHANIE DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name PARSLEY, GEOFF MR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name FERRIS, GERALDINE DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303