#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 753257** 

Entity Name: FLORIDA DENTAL ASSOCIATION FOUNDATION, INC.

FILED
Jun 29, 2020
Secretary of State
8822912158CC

Date

# **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 06/29/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title DIRECTOR OF FOUNDATION AFFAIRS

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

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

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

Title DIRECTOR Title DIRECTOR

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

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

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

Title CFO, COO Title DIRECTOR

Name GRUBER, GREGORY W Name BUCKENHEIMER, KAREN MRS.

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

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

Title DIRECTOR Title TREASURER, DIRECTOR

Name ALLEN, NOLAN W DR. Name BUCKENHEIMER, TERRY L DR.

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

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

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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 06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

Title DIRECTOR

Name GORDY, CHANEY B DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY, DIRECTOR

Name STEVENSON, RICHARD A 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 COORDINATOR OF FOUNDATION AFFAIRS

Name BADEAU, KRISTIN MS.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name LASTRA, IDALIA DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name GLERUM, KAREN DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303

Title VP, 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 DIRECTOR

Name TERRY, BEATRIZ DR.

Address 545 JOHN KNOX ROAD, SUITE 200

City-State-Zip: TALLAHASSEE FL 32303