

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003121

**Entity Name:** THE FOUNDATION FOR DENTAL LABORATORY TECHNOLOGY, INC.

**FILED**  
**Feb 21, 2024**  
**Secretary of State**  
**7692233870CC**

**Current Principal Place of Business:**

325 JOHN KNOX ROAD  
L-103  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

325 JOHN KNOX ROAD  
L-103  
TALLAHASSEE, FL 32303 US

**FEI Number: 26-2381417**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NAPIER, BENNETT CAE  
325 JOHN KNOX ROAD  
L-103  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ED  
Name NAPIER, BENNETT CAE  
Address 325 JOHN KNOX RD  
STE L103  
City-State-Zip: TALLAHASSEE FL 32303

Title CHIEF STAFF EXECUTIVE  
Name LUOMA, RACHEL  
Address 325 JOHN KNOX RD  
STE L103  
City-State-Zip: TALLAHASSEE FL 32303

Title TRUSTEE  
Name AVERY, DAVID CDT  
Address 2020 PROXIMITY DR  
City-State-Zip: CHARLESTON SC 29414

Title TRUSTEE  
Name AZAR, NICOLAS  
Address 28811 SEDGE LANE  
City-State-Zip: SANTA CLARITA CA 91350

Title TRUSTEE  
Name PRESTIPINO, TONY CDT  
Address 101 S WHITING ST  
STE 107  
City-State-Zip: ALEXANDRIA VA 22304

Title TRUSTEE  
Name WILLIAMSON, MARK CDT  
Address 138 SIEGLER STREET  
City-State-Zip: GREENBAY WI 54303

Title TRUSTEE  
Name VAN KINSBERGEN, SUSAN CDT  
Address 15842 CRESTROCK CIRCLE  
City-State-Zip: PARKER CO 80134

Title TRUSTEE  
Name COLLINGTON, BETH  
Address 7 WHEELING AVE  
STE 1  
City-State-Zip: WOBURN MA 01801

**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: LINDSEY ROWAN**

**CHIEF STAFF EXECUTIVE 02/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name JENNIFER, LUDWIG CDT  
Address 7455 VILLAGE DRIVE  
City-State-Zip: LINO LAKES MN 55014

Title FISCAL OFFICER  
Name JACKSON, NICOLE CDT, TE  
Address 22147 HILLCREST DR  
City-State-Zip: WAUKESHA WI 53186

Title TRUSTEE  
Name DAHL, ELVIS  
Address 907 FAIRWAY DR  
City-State-Zip: INDIANAPOLIS IN 46260

Title CHIEF STAFF EXECUTIVE  
Name ROWAN, LINDSEY  
Address 325 JOHN KNOX RD  
STE L103  
City-State-Zip: TALLAHASSEE FL 32303

Title TRUSTEE  
Name CAPPS, CAROLYNN MBA, CDT  
Address 2925 SENNA DRIVE  
SUITE 106  
City-State-Zip: MATTHEWS NC 28105