

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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Jan 25, 2017

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

**Secretary of State
CC6007867854**

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: Yes

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 CHAIRMAN
Name STRONK, JEFF
Address 3877 S. 400 E
City-State-Zip: SALT LAKE CITY UT 84115

Title TRUSTEE
Name BUDNY, RENATA CDT, TE
Address 300 JAY ST, P 409
City-State-Zip: BROOKLYN NY 11201

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

Title TRUSTEE
Name KILLIAN, STEVE CDT
Address 67 PETERS CANYON RD
City-State-Zip: IRVINE CA 92606

Title VC
Name IOCCO, GARY
Address 1945 E 31ST ST
City-State-Zip: HASTINGS MN 55033

Title TRUSTEE
Name METEER, LE'JON CDT
Address 1191 VIA ENCINOS DR
City-State-Zip: FALLBROOK CA 92028

Title FISCAL OFFICER
Name NOWAK, SHAWN
Address 6717 HWY 11 N
City-State-Zip: CARRIERE MS 39426

Title TRUSTEE
Name AZZARA, NICK
Address 113 ASHFORD DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

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: RACHEL LUOMA

CHIEF STAFF EXECUTIVE 01/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name SIEGEL, SEAN
Address 4111 MINNESOTA DR
STE 200
City-State-Zip: ANCHORAGE AK 99503

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