

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003121

FILED
Jan 27, 2014
Secretary of State
CC9690606674

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

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
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 C.
Name WARNER-WOJDAN, BARBARA CDT
Address 3659 TAMPA RD
City-State-Zip: OLDSMAR FL 34677

Title VC
Name HERMANIDES, LEON CDT
Address 15955 NE 85TH STE
STE 204
City-State-Zip: REDMOND WA 98052

Title FO
Name WALDROP, CHRIS CDT
Address 131 LYON LANE
City-State-Zip: BIRMINGHAM AL 35211

Title PC
Name DELAPA, R.J. JR.
Address 261 SOUTH AVENUE
City-State-Zip: TALLMADGE OH 44278

Title B
Name MARTIN, HENRY CDT
Address 33 GAMECOCK AVE
City-State-Zip: CHARLESTON SC 29470

Title B
Name LEONARDI, THOMAS
Address 670 WEST COLLEGE AVE
City-State-Zip: YORK PA 17401

Title B
Name D'AIUTO, C. WILLIAM DR.
Address 195 BRIAR CLIFF DR
STE 102
City-State-Zip: LONGWOOD FL 32779

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

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: BENNETT NAPIER

EXECUTIVE DIRECTOR

01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title B
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