

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003121

FILED
Mar 18, 2019
Secretary of State
5308376975CC

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
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 TRUSTEE
Name SAGHIANS, HENRY
Address 1570 E COLORADO BLVD
City-State-Zip: PASADENA CA 91106

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

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

Title VC
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

Title TRUSTEE
Name MARTIN, MARTHA
Address 707 SUNSHINE WAY
City-State-Zip: GREENSBORO NC 27409

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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: RACHEL LUOMA

CHIEF STAFF EXECUTIVE 03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name AVERY, DAVID
Address 444 SANDPIPER LN
City-State-Zip: BEAN STATION TN 37708

Title TRUSTEE
Name BIGNONE, LUIS
Address 1617 BORDER AVE
City-State-Zip: TORRANCE CA 90501

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