

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

DOCUMENT# N08000003121

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**5104106208CC**

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

Title VC  
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 CHAIRMAN  
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

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

**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 03/17/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title TRUSTEE  
Name WILLIAMSON, MARK CDT  
Address 1304 STARFIRE DRIVE  
City-State-Zip: OTTAWA IL 61350

Title TRUSTEE  
Name COLLINGTON, BETH  
Address 135 DURYEA RD  
City-State-Zip: MELVILLE NY 11747