

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25393

Entity Name: DISMUKES' CHILDREN'S DENTAL PROGRAM, INC.

Current Principal Place of Business:

17 PACIFIC STREET
STE A
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

17 PACIFIC STREET
STE A
SAINT AUGUSTINE, FL 32084

FEI Number: 59-0668491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, BRADLEY K
34 BAY VIEW DRIVE
ST. AUGUSTINE, FL 32084 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 D
Name UPCHURCH, TRACY W
Address 398 OLD QUARRY RD
City-State-Zip: SAINT AUGUSTINE FL 32080

Title STD
Name DAVIS, BRADLEY K
Address 34 BAY VIEW DR
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D
Name MICKLER, MARTHA
Address 30 SPANISH STREET
City-State-Zip: SAINT AUGUSTINE FL 32084

Title VD
Name NORMAN, MIKE
Address 803 KALLI CREEK LN
City-State-Zip: ST. AUGUSTINE FL 32080

Title PD
Name BEXLEY, JERRY
Address 332 REDWING LANE
City-State-Zip: ST AUGUSTINE FL 32080

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: BRADLEY K DAVIS

STD

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date