

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711747

FILED
Mar 03, 2004
Secretary of State**Entity Name:** CENTRAL DISTRICT DENTAL ASSOCIATION, INC.**Current Principal Place of Business:**800 N MILLS AVE
ORLANDO, FL 32803 US**New Principal Place of Business:****Current Mailing Address:**800 N MILLS AVE
ORLANDO, FL 32803047 US**New Mailing Address:****FEI Number:** 59-6196823**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROXTON, LINDA R
800 N MILLS AVE
ORLANDO, FL 32803 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANTOON, JAMES
Address: 1281 FLORIDA AVE S
City-St-Zip: ROCKLEDGE, FL 329552439

Title: PE () Delete
Name: LANGAN, MICHAEL
Address: 610 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: CALDERONE, JOE
Address: 415 SUMMER HAVEN DR.
City-St-Zip: DEBARY, FL 32713

Title: P () Delete
Name: ERBES, DONALD
Address: 2610 NW 38TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: ILKKA, DON
Address: 8301 COUNTY RD., 44LEG A
City-St-Zip: LEESBURG, FL 34788

Title: 1STP () Delete
Name: KEOUGH, LEE ANNE
Address: 2701 SW 34TH ST
City-St-Zip: OCALA, FL 344744474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LANGAN, MICHAEL
Address: 610 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: ERBES, DONALD
Address: 2610 NW 38TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KEOUGH, LEE ANNE
Address: 2701 SW 34TH ST
City-St-Zip: OCALA, FL 344744474

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LANGAN

P

03/03/2004

Electronic Signature of Signing Officer or Director

Date