

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711747

FILED
May 02, 2006
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOWELL, 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: T () Delete
Name: COWELL, CHRIS
Address: 228 E NEW YORK AVE STE D
City-St-Zip: DELAND, FL 32724

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

Title: D () Delete
Name: WINKER, WADE
Address: 15 WEST ATWATER AVENUE
City-St-Zip: EUSTIS, FL 32726

Title: VP () Delete
Name: CRANDALL, JAMES
Address: 3755 S NOVA RD # A
City-St-Zip: PORT ORANGE, FL 326053212

Title: D () Delete
Name: BIRD, GERALD
Address: 1983 S. ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () 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: D (X) Change () Addition
Name: TOWNSEND, WADE
Address: 4321 NW 73RD. TERR
City-St-Zip: GAINESVILLE, FL 32606-391

Title: VP (X) Change () Addition
Name: WINKER, WADE
Address: 15 WEST ATWATER AVENUE
City-St-Zip: EUSTIS, FL 32726

Title: P (X) Change () Addition
Name: CRANDALL, JAMES
Address: 3755 S NOVA RD # A
City-St-Zip: PORT ORANGE, FL 326053212

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

Title: PP (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 Chapter 119, 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: JAMES CRANDALL

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date