

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715928

FILED
Mar 20, 2009
Secretary of State

Entity Name: BREVARD COUNTY DENTAL SOCIETY, INC.

Current Principal Place of Business:

1970 MICHIGAN AVENUE
SUITE J-4
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

PO BOX 3024
COCOA, FL 32924

New Mailing Address:

FEI Number: 23-7100951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, ALICIA M
1019 REGALIA DRIVE
ROCKLEDGE, FL 32955 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: PD () Delete
Name: SIDOR, ANTHONY
Address: 225 S PLUMOSA ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PC () Delete
Name: RAWAL, RAJ
Address: 2180 N COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD () Delete
Name: GRENEVICKI, LANCE
Address: 1093 S WICKHAM RD
City-St-Zip: W MELBOURNE, FL 32904

Title: ST () Delete
Name: BARLOW, JEFF
Address: 105 N GROVE STREET
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MAL () Delete
Name: HERNANDEZ, RAMON
Address: 645 CLASSIC CT, SUITE 102
City-St-Zip: VIERA, FL 32940

Title: ES () Delete
Name: BERRY, ALICIA M
Address: 1970 MICHIGAN AVE, SUITE J-4
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAWAL, RAJ
Address: 2180 N COURTENAY PKWY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PC (X) Change () Addition
Name: HERNANDEZ, RAMON
Address: 645 CLASSIC COURT, SUITE 102
City-St-Zip: VIERA, FL 32940

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

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

Title: MAL (X) Change () Addition
Name: DORSEY, MICHELLE
Address: 325 M EAST MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 32952

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

I hereby certify that the information supplied with this filing does not qualify 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: ALICIA M BERRY

ES

03/20/2009

Electronic Signature of Signing Officer or Director

Date