

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717716

FILED
Mar 11, 2009
Secretary of State

Entity Name: FLORIDA DENTAL HYGIENE ASSOCIATION, INC.

Current Principal Place of Business:

FDHA
10112 HUNTSMAN PATH
PENSACOLA, FL 32514

New Principal Place of Business:

FDHA
12225 COLDSTREAM LANE
TAMPA, FL 33626

Current Mailing Address:

FDHA
PO BOX 30938
PALM BCH GDNS, FL 33420

New Mailing Address:

FEI Number: 59-6139579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, LINDA
10112 HUNTSMAN PATH
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

CHROSNIAK, BETH
12225 COLDSTREAM LANE
TAMPA, FL 33626 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: BETH CHROSNIAK

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LAMBERT, LINDA
Address: 10112 HUNTSMAN PATH
City-St-Zip: PENSACOLA, FL 32514

Title: P () Delete
Name: JACQUELINE, MCDONOUGH
Address: 8730 BROAD MEADOW COURT
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: MUNSEY, HEATHER
Address: 1005 NEW HAMPTON WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: MARY, MARTIN
Address: 910 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SCHAD, PAULA
Address: PO BOX 801
City-St-Zip: GROVELAND, FL 34736

Title: S () Delete
Name: RUCKER, BETH
Address: 1675 THREE OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CHROSNIAK, BETH
Address: 12225 COLDSTREAM LANE
City-St-Zip: TAMPA, FL 33626

Title: P (X) Change () Addition
Name: MCDONOUGH, JACQUELINE
Address: 8730 BROAD MEADOW COURT
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Change () Addition
Name: ZINSER, NANCY
Address: 1 AIDEN COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Change () Addition
Name: ROBINSON, DEBORAH
Address: 2431 CARVER AVE
City-St-Zip: ORLANDO, FL 32810

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

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: PAULA SCHAD

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date