

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718462 (5)

1. Corporation Name

DENTAL SOCIETY OF GREATER ORLANDO, INC.



Principal Place of Business

Mailing Address

800 N. MILLS AVENUE
ORLANDO FL 32803-1022

800 N. MILLS AVENUE
ORLANDO FL 32803-1022

3. Date Incorporated or Qualified **05/06/1970** 3a. Date of Last Report **07/11/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7098111

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROXTON LINDA R.
800 N. MILLS AVENUE
ORLANDO FL 32803-1022**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAWKINS, ROBERT B. D	
STREET ADDRESS	145 WEKIVA SPG. RD.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, RAY J	
STREET ADDRESS	300 GATLIN AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANGAN, MICHAEL D	
STREET ADDRESS	610 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CHACE, RICK D	
STREET ADDRESS	801 W. MORSE BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, LUCIEN S D.M.D.	
STREET ADDRESS	6161 WINEGARD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME	Harold Arthur, DMD	
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	Past-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Director	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Kahn, Bernard	
23 STREET ADDRESS	926 N. Maitland Ave.	
24 CITY-ST-ZIP	Maitland, Florida 32751	
31 TITLE	President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	300001755073	
43 STREET ADDRESS	-03/22/96--01111--004	
44 CITY-ST-ZIP	***70.00	
51 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Director	
63 STREET ADDRESS	331 Maitland AvenueA-4	
64 CITY-ST-ZIP	Maitland, FL 32751	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernard A. Kahn DDS* **Bernard A. Kahn DDS**, 3/4/96, 407-894-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)