## 2004 NOT-FOR-PROFIT CORPORATI **ANNUAL REPORT**

## FILED

ON	Jul 29, 2004 8:00 am Secretary of State
	√ 07-29-2004 90003 013 ****61 25

**DOCUMENT #720867** ESCÁMBIA-SANTA ROSA COUNTY DENTAL ASSOCIATION, INC. Principal Place of Business Mailing Address 54065588 7150 TIPPEN AVE. 7150 TIPPEN AVE. PO BOX 10826 PO BOX 10826 PENSACOLA, FL 32524-7826 PENSACOLA, FL 32524-7826 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07142004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-1604147 Not Applicable \_\_ Zip \_\_. Country\_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, DAVID Street Address (P.O. Box Number is Not Acceptable) 4357 SPANISH TR. 7 PENSACOLA, FL 32504 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by September 8, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Past President Change ☐ Addition TITLE ☐ Delete TITLE MARTIN, JAMES E III Martin, LAMES E. 111 NAME NAME STREET ADDRESS 4800 W FAIRFIELD DR STREET ADDRESS 4800 FAIRFIELD DR PENSACOLA, FL 32506 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, DPC Change ☐ Addition Delete TITLE TITLE President Posch, Michelle NAME WILLIAMS, DAVID NAME 6160 N. Davis Huy, Suite 10A 4387 SPANISH TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32504 DENSACOIA, FL 32504 President-celect – 🖃 Change 🕒 Addition -☐ Delete TITLE POSCH, MICHELLE NAME NAME Williams, DAVID R. 4357 SPANISH TRAIL 4800 W FAIRFIELD DR STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32506 CITY-ST-ZIP CITY-ST-ZIP 30504 Addition TITLE Delete TITLE TREASURER Change RICHMOND, TERRY R NAME NAME ernigan, l STREET ADDRESS STREET ADDRESS 2999 LÄNGLEY AVE CITY-ST-ZIP PENSACOLA, FL CITY-ST-ZIP Reusacola. Addition Delete ☐ Change TITLE TITLE NAME WOOD, GREGORY NAME 6111 N DAVID HWY BLDG B STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA, FL 32504 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 2