

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90177 040 \*\*\*\*61.25

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<b>DOCUMENT # 720867</b> 1. Entity Name ESCAMBIA-SANTA ROSA COUNTY DENTAL ASSOCIATION, INC.					
Principal Place of Business 7150 TIPPEN AVE. PO-BOX 10826 PENSACOLA, FL 32524-7826			Mailing Address 7150 TIPPEN AVE. PO BOX 10826 PENSACOLA, FL 32524-7826		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  WILLIAMS, DAVID 4357 SPANISH TR. 7 PENSACOLA, FL 32504				7. Name and Address of New Registered Agent Name <b>Kevin C Dean DMD, MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>4850 North Ninth Avenue</b> City <b>Pensacola</b> FL <b>32503</b>	
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 <span style="float: right;">4/25/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MARTIN, JAMES E III 4800 W FAIRFIELD DR PENSACOLA, FL 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Michelle Posch 6160 N. DAVIS HWY STE 10A PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WILLIAMS, DAVID 4387 SPANISH TRAIL PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect KIM JERNIGAN 3298 SUMMIT BND STE 10 PENSACOLA FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POSCH, MICHELLE 6160 N DAVIS HWY STE 10A PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID WILLIAMS 4387 Spanish Trail Pensacola FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JERUIGAN, KIM 14 W JORDAN ST STE 2-G PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer KEVIN DEAN 4850 N. 9th AVE PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC DEAN, KEVIN 4850 N 9TH AVE PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROGRAM CHAIR JEFF OTTLEY 5908 Berryhill Rd. Milton, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			4-25-05 8504345247 <small>Date Daytime Phone #</small>		