

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90024 034 ****61.25

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DOCUMENT # 735952

1. Corporation Name

**EAST COAST DISTRICT DENTAL HYGIENISTS' SOCIETY,
INC.**

Principal Place of Business

2925 NE 199 ST
SUITE 309
AVENTURA FL 33180

Mailing Address

18804 NW 13 STREET
PEMBROKE PINES FL 33029



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/28/1976

4. FEI Number

59-1694374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAYDEN, LISA
18804 NW 13 STREET
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

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

TITLE PD
NAME HAYDEN, LISA
STREET ADDRESS 18804 NW 13 ST.
CITY-ST-ZIP PEMBROKE PINES FL
☒ DELETE

TITLE VD
NAME HORNBURGER, NANNETTE
STREET ADDRESS 8270 NW 185 ST
CITY-ST-ZIP MIAMI FL 33016
☐ DELETE

TITLE T
NAME MATTOX, KAREN
STREET ADDRESS 14807 BRECKNESS PL
CITY-ST-ZIP MIAMI LAKES FL 33016
☒ DELETE

TITLE SD
NAME AMAZON, BARBARA
STREET ADDRESS 22 W RIVO ALTO DR
CITY-ST-ZIP MIAMI BEACH FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Hornburger, Nannette
1.3 STREET ADDRESS 8270 NW 185 St
1.4 CITY-ST-ZIP Miami, FL 33016
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Lyndy, Kris
2.3 STREET ADDRESS 1080 NE 202 Terrace
2.4 CITY-ST-ZIP N. Miami, FL 33179
☒ Change ☐ Addition

3.1 TITLE T
3.2 NAME Hayden, Lisa
3.3 STREET ADDRESS 18804 NW 13 St
3.4 CITY-ST-ZIP Pembroke Pines, FL 33029
☒ Change ☐ Addition

4.1 TITLE SD
4.2 NAME Meador, Betty
4.3 STREET ADDRESS 14818 Breckness Pl.
4.4 CITY-ST-ZIP Miami Lakes, FL 33016
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20 19 1999 954-430-9836

CR2E037 (11/98)