

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744697

FILED
Mar 26, 2009
Secretary of State

Entity Name: CLAY COUNTY DENTAL SOCIETY, INC.

Current Principal Place of Business:

2233 PARK AVE
STE 401
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

2233 PARK AVE
STE 401
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 59-1983290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHERMAN, MICHAEL A
2233 PARK AVE
STE 401
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MCCLURE, MICHAEL T
Address: 1665 EAGLE HARBOR PKWY
City-St-Zip: ORANGE PARK, FL 32003 US

Title: P () Delete
Name: MARTINEZ, ELAINE
Address: 1530 BUSINESS CENTER DRIVE, STE 1
City-St-Zip: ORANGE PARK, FL 32003

Title: T () Delete
Name: SHERMAN, MICHAEL A
Address: 2233 PARK AVE STE 401
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: VANOVER, MICHAEL
Address: 784 BLANDING BLVD
City-St-Zip: ORANGE PARK, FL 32065

Title: V () Delete
Name: STAKEM, THOMAS
Address: 7075-01 US HWY 17 SOUTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: GEIGER, JULIE
Address: 1665 EAGLE HARBOR PKWY E
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHAEL A. SHERMAN

RA

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date