2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 753118 Feb 05, 2007 08:00 AM 1. Entity Namo **Secretary of State** CHILDREN'S DENTAL RESEARCH SOCIETY, INC. Principal Place of Business Mailing Address 1976 OCEAN RIDGE CIRCLE 1976 OCEAN RIDGE CIRCLE SUITE 101 VERO BEACH FL 32963-2730 SUITE 101 VERO BEACH FL 32963-2730 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2028932 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLENN, FRANCES B DR Street Address (P.O. Box Number is Not Acceptable) 1976 OCEAN RIDGE CIRCLE, #101 VERO BEACH FL 32963 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. FITLE. □ Detete BILE Change ☐ Adoition NAME GLENN, WILLIAM D III NAME U00000621840 02/13/07-80002-003 61.25 STREET LADDRESS STREET ADDRESS 1976 OCEAN RIDGE CIRCLE, #101 CITY - ST - ZIP CITY-ST-7IP VERO BEACH FL 32963-2730 HILE PD ☐ Delete TITLE ☐ Change Addition NAME GLENN, FRANCES B DDS NAME STREET ADDRESS 1976 OCEAN RIDGE CIRCLE, #101 STREET ADDRESS CITY-ST-7IP VERO BEACH FL 32963-2730 CITY-ST-ZIP TITU: TITLE STD Delete ☐ Change Addition NAME NAME BENEDICT, HOMER D STREET ADDRESS STREET ADDRESS 9307 HUNTERS CREEK DR. CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75243 TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TIFLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-7/P

12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am an officer or director of the corporation or the receive/for trustoe empowered to execute this report as required by Chapter 617, Florida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all prior like empowered.

SIGNATURE:

34.3900