

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759406 (2)

1. Corporation Name

UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIA
TION, INC.



Principal Place of Business

Mailing Address

SSOCIATION, INC.
C/O 108 NORTH PALM AVENUE
PALATKA FL 32077

SSOCIATION, INC.
C/O 108 NORTH PALM AVENUE
PALATKA FL 32077

3. Date Incorporated or Qualified

07/31/1981

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2267501

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, STEVE
108 NORTH PALM AVENUE
PALATKA FL 32077

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME JUSTICE, MARK
STREET ADDRESS 2381 E. MAIN STREET
CITY-ST-ZIP SNELLVILLE GA ☐ DELETE

TITLE SD
NAME GESENHUES, ELIZABETH
STREET ADDRESS 1723 BLANDING BLVD.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE PD
NAME WHEELER, TIM
STREET ADDRESS UNIV OF FL. COLLEGE OF DENTISTRY
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE VD
NAME CHAPMAN, STEVE
STREET ADDRESS 108 N. PALM AVENUE
CITY-ST-ZIP PALATKA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE P GESENHUES, Elizabeth
1.2 NAME 1723 BLANDING BLVD. # 103
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Jacksonville, FL. 32210 ☐ Change ☐ Addition

2.1 TITLE V MARTIN, Celia S.
2.2 NAME 2841 N.W. 41st St.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Gainesville, FL 32606 ☐ Change ☒ Addition

3.1 TITLE ST Le Compte, Joe
3.2 NAME 3890 Turtle Cr. S.E.A
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Daytona Beach FL 32127 ☐ Change ☒ Addition

4.1 TITLE D CHAPMAN, Steve
4.2 NAME 108 N. PALM AVE.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP PALATKA, FL 32177 ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

Date

904-328-8351

Daytime Phone #

CR2E037 (12/95)

124-96