

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759406** (2)

1. Corporation Name

**UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/31/1981</b>	3a. Date of Last Report <b>04/24/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2267501</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHAPMAN, STEVE  
108 NORTH PALM AVENUE  
PALATKA FL 32077**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, MARK	1.2 NAME	
STREET ADDRESS	2381 E. MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SNELLVILLE GA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GESENHUES, ELIZABETH	2.2 NAME	
STREET ADDRESS	1723 BLANDING BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, TIM	3.2 NAME	
STREET ADDRESS	UNIV OF FL COLLEGE OF DENTISTRY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, STEVE	4.2 NAME	
STREET ADDRESS	108 N. PALM AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CELIA S	5.2 NAME	
STREET ADDRESS	2841 N.W. 41ST ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECOMPTTE, JOE	6.2 NAME	
STREET ADDRESS	108 N. PALM AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97  
Date

904-324-8351  
Daytime Phone #

0080135

CR2E037 (9/96)