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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

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

4. FEI Number

59-2267501

Applied For

Not Applicable

2. Principal Place of Business

21 3520 ST JOHNS AVE.

Suite, Apt. #, etc.

22

City & State

23 PALATKA FL

Zip

24 32177

Country

25

2a. Mailing Address

26 3520 ST. JOHNS AVE.

Suite, Apt. #, etc.

27

City & State

28 PALATKA FL

Zip

29 32177

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐

Yes

☐

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

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 **VD** ☐ DELETE

NAME **JUSTICE, MARK**
STREET ADDRESS **2381 E. MAIN STREET**
CITY-ST-ZIP **SNELLVILLE GA**

TITLE **P** ☐ DELETE

NAME **GESENHUES, ELIZABETH**
STREET ADDRESS **1723 BLANDING BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE

NAME **WHEELER, TIM**
STREET ADDRESS **UNIV OF FL. COLLEGE OF DENTISTRY**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ DELETE

NAME **CHAPMAN, STEVE**
STREET ADDRESS **108 N. PALM AVENUE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **V** ☐ DELETE

NAME **MARTIN, CELIA S**
STREET ADDRESS **2841 N.W. 41ST ST.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **ST** ☐ DELETE

NAME **LECOMTE, JOE**
STREET ADDRESS **108 N. PALM AVE.**
CITY-ST-ZIP **PALATKA FL 32177**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

4-20-98

CR2E037 (10/97)