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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90129 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759406**

1. Corporation Name  
**UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIATION, INC.**

Principal Place of Business 3520 ST JOHNS AVENUE C/O 108 NORTH PALM AVENUE PALATKA FL 32177 US	Mailing Address 3520 ST JOHNS AVENUE C/O 108 NORTH PALM AVENUE PALATKA FL 32177 US
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21. Principal Place of Business 1600 SW Archer Rd Suite, Apt. #, etc. P City & State Gainesville FL Zip 32610 Country USA	2a. Mailing Address 1600 SW Archer Rd Suite, Apt. #, etc. PO Box 100444, JHMC City & State Gainesville, FL Zip 32610 Country USA	3. Date Incorporated or Qualified 07/31/1981	4. FEI Number 59-2267501	Applied For <input type="checkbox"/> Not Applicable
22. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 Calogero Dolce 82 Street Address (P.O. Box Number is Not Acceptable) 1600 SW ARCHER Rd Rm D7-19 83 84 City Gainesville FL 85 Zip Code 32610
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME GESENHUES, ELIZABETH STREET ADDRESS 1723 BLANDING BLVD. CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME WHEELER, TIM STREET ADDRESS UNIV OF FL. COLLEGE OF DENTISTRY CITY-ST-ZIP GAINESVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CHAPMAN, STEVE STREET ADDRESS 108 N. PALM AVENUE CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MARTIN, CELIA S STREET ADDRESS 2841 N.W. 41ST ST. CITY-ST-ZIP GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME LECOMPTE, JOE STREET ADDRESS 108 N. PALM AVE. CITY-ST-ZIP PALATKA FL 32177	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/15/99 352 392 4135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)