

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90062 047 ****61.25

DOCUMENT #759406

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



Principal Place of Business
**1600 SW ARCHER RD
GAINESVILLE, FL-32610 US**

Mailing Address
**1600 SW ARCHER RD
C/O.108 NORTH PALM AVENUE
GAINESVILLE, FL 32610 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALOGERO, DULCE
1600 ARCHER RD
GAINESVILLE, FL 32610**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 restate.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **P** ☐ Delete
NAME **CALOGERO, DOLCE**
STREET ADDRESS **8430 S.W. 23RD PL**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04 352-392-4135