


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 761092	
1. Entity Name THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.	

Principal Place of Business 20283 STATE RD 7 300 BOCA RATON, FL 33498	Mailing Address 20283 STATE RD 7 300 BOCA RATON, FL 33498
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07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2177813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKLER, HARRY
11050 BOCA WOODS LANE
BOCA RATON, FL 33428

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRASNE, ALVIN 10135 DIAMOND LAKE DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RING, MALVIN DR FARNAM N-4013 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACKLER, HARRY 11050 BOCA WOODS LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MACKLER, HARRY 11050 BOCA WOODS LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/12/07-80004-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 line empowered.

SIGNATURE: *Harry Mackler* July 10/07 561-482-1885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #