


FILED
Mar 06, 1999 8:00 am
Secretary of State

00069173

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 764629					
1. Corporation Name FLORIDA PREVENTIVE DENTISTRY FOUNDATION, INC., A CORPORATION NOT FOR PROFIT					
Principal Place of Business 3063 BLACKMOUNTAIN DR. INVERNESS FL 34450 US			Mailing Address P.O. BOX 869 FLORAL CITY FL 34436-0869 US		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip Country		28 Zip Country			
24 25		29 30			
9. Name and Address of Current Registered Agent					
THACHER, WILLIAM A. 3063 BLACKMOUNTAIN DRIVE INVERNESS FL 34450					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or 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)					
12. OFFICERS AND DIRECTORS					
TITLE	D THACHER, JILL A <input type="checkbox"/> DELETE				13.
NAME	8949 E CASHIERS CT				1.1 TITLE
STREET ADDRESS	INVERNESS FL 34450				1.2 NAME
CITY-ST-ZIP					1.3 STREET ADDRESS
TITLE	STD THACHER, WILLIAM A. <input type="checkbox"/> DELETE				1.4 CITY-ST-ZIP
NAME	3063 BLACKMOUNTAIN DRIVE				2.1 TITLE
STREET ADDRESS	INVERNESS FL				2.2 NAME
CITY-ST-ZIP					2.3 STREET ADDRESS
TITLE	PD MAHER, PAT <input type="checkbox"/> DELETE				2.4 CITY-ST-ZIP
NAME	1530 NW 41ST STREET				3.1 TITLE
STREET ADDRESS	GAINESVILLE FL				3.2 NAME
CITY-ST-ZIP					3.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE				3.4 CITY-ST-ZIP
NAME					4.1 TITLE
STREET ADDRESS					4.2 NAME
CITY-ST-ZIP					4.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE				4.4 CITY-ST-ZIP
NAME					5.1 TITLE
STREET ADDRESS					5.2 NAME
CITY-ST-ZIP					5.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE				5.4 CITY-ST-ZIP
NAME					6.1 TITLE
STREET ADDRESS					6.2 NAME
CITY-ST-ZIP					6.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE				6.4 CITY-ST-ZIP

03/01/99 (352) 726-6666
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR