## **FILE NOW: FILING FEE IS \$61.25**

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 BLACKMO	DUNTAIN DR.

Mailing Address

BA BAY 960

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

03-06-1999 90142 044 \*\*\*\*61.25

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INVERNESS FL US		FLORAL CITY FL 34436-0869 US								
	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 08/19/1982						
Suite, Apt.	# etc	Suite, Apt. #, etc.			<del></del>	4. FEI Number		App	lied For	
22	,, 0.0.	27				59-2269181		<del>+ • • • • • • • • • • • • • • • • • • •</del>	Applicable	
City & State	е	City & State				5. Certificate of Status Desired		\$8.75 A		
Zip 24	Country 25	Zip	Zip Country			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
1	9. Name and Address of Curren					10. Name and Address of New R	egistered Aç	ent		
				81	Name					
THACHER	, WILLIAM A.			82	Street Add	ress (P.O. Box Number is Not Acceptai	ble)			
	CKMOUNTAIN DRIVE									
INVERNES	S FL 34450			83						
				84	City		FL	85 Zip C	ode	
office or re agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change w	vas authorize	ed by t	-named corporati	poration submits this statement for the pon's board of directors. I hereby accept	ourpose of ch the appointr	anging its i nent as reg	registered istered	
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable.	(NOTE: Registere	d Agent	t signature require	ed when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TITLE	D	☐ DELET	E 1.17	TITLE			[	Change	☐ Addition	
NAME	THACHER, JILL A		1.2 N	VAME						
STREET ADDRESS	8949 E CASHIERS CT				ADORESS					
CITY-ST-ZIP	INVERNESS FL 34450	□ DELET		CITY-ST	-ZIP			Change	Addition	
TITLE	STD			MILE NAME			1			
NAME	THACHER, WILLIAM A.   3063 BLACKMOUNTIAN DRIVE				ADDRESS					
STREET ADDRESS CITY-ST-ZIP	INVERNESS FL			CITY-ST						
TITLE	PD	☐ DELET		TITLE	1-23			Change	Addition	
NAME	MAHER, PAT		3.2	NAME						
STREET ADDRESS			3.3 5	STREET	ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL			CITY-ST	T-ZIP			<b>-</b>		
TITLE		☐ DELET	E 4.11	IIIΓE				Change	Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELET		CITY-ST	-ZIP			Change	Addition	
TITLE		☐ DECEI		TITLE NAME	1			onango		
NAME					ADDRESS					
STREET ADDRESS				OITY-ST						
CITY-ST-ZIP TITLE		☐ DELET		TITLE		*		Change	Addition	
NAME			6.2	NAME						
STREET ADDRESS	*		6.3 8	STREET	ADDRESS					
CITY-ST-ZIP	£ *.		6.4 0	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, with all other like empowered.

SIGNATURE: W

(352) 726-6666