

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001850

FILED
Jan 24, 2007
Secretary of State

Entity Name: NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED INC.

Current Principal Place of Business:

1800 15TH ST
#100
DENVER, CO 80202

New Principal Place of Business:

Current Mailing Address:

1800 15TH ST
#100
DENVER, CO 80202

New Mailing Address:

FEI Number: 84-6129064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORN, SAMUEL O
8200 W SUNRISE BLVD #B2
FT LAUDERDALE, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MAGGIO, FRANK A DR.
Address: 2000 LARKIN AVENUE
City-St-Zip: ELGIN, IL 60123

Title: V-C () Delete
Name: PORTER, GARY
Address: PO BOX 907
City-St-Zip: HATFIELD, PA 19440

Title: ST () Delete
Name: WEINSTEIN, STEPHEN
Address: 1401 17TH ST
City-St-Zip: DENVER, CO 80202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PORTER, GARY
Address: 245 TOWNSHIP LINE ROAD
City-St-Zip: HATFIELD, PA 19440 US

Title: V-C (X) Change () Addition
Name: HAUGHT, RICHARD DDS
Address: 6716 EAST PINE
City-St-Zip: TULSA, OK 74115 US

Title: ST (X) Change () Addition
Name: WEINSTEIN, STEPHEN
Address: 370 17TH STREET, SUITE 4800
City-St-Zip: DENVER, CO 80202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE SNYDER

OFF

01/24/2007

Electronic Signature of Signing Officer or Director

Date