

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005770

FILED
Jan 10, 2006
Secretary of State

Entity Name: SOUTH FLORIDA DENTAL HYGIENE ASSOCIATION, INC.

Current Principal Place of Business:

14818 BRECKNESS PALCE
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14818 BRECKNESS PALCE
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 36-4555153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEADOR, BETTY L
14818 BRECKNESS PALCE
MIAMI LAKES, FL 33016 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: DP () Delete
Name: CAMERON, CARROLL D
Address: PO BOX 561715
City-St-Zip: MIAMI, FL 33016

Title: DS () Delete
Name: MATTOX, KAREN
Address: 14807 BRECKNESS PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: DT () Delete
Name: MEADOR, BETTY L
Address: 14818 BRECKNESS PALCE
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RODRIQUEZ, OLGA
Address: 2351 S. DOUGLAS RD #703
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: MANCEBO, LILLIAN
Address: 1417 SARRIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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: BETTY L MEADOR

DT

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date