

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90078 003 ****70.00

DOCUMENT # N04000009709 1. Entity Name FLORIDA ALLIED DENTAL EDUCATORS, INC.					
Principal Place of Business ROBERT MORGAN EDUCATIONAL-DENTAL DEPTARTM 18180 SW 122 AVE MIAMI, FL 33177				Mailing Address ROBERT MORGAN EDUCATIONAL-DENTAL DEPTARTM 18180 SW 122 AVE MIAMI, FL 33177	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address CLAUDIA BEARD 2675 ALDERMAN RD. PALM HARBOR, FL Zip 34684 Country USA			
4. FEI Number 20-1757733				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03312007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent PREBLE, DAVID M DDS JD ROBERT MORGAN EDUCATIONAL-DENTAL DEPTARTM 18180 SW 122 AVE MIAMI, FL 33177			7. Name and Address of New Registered Agent Name CLAUDIA BEARD Street Address (P.O. Box Number is Not Acceptable) 2675 ALDERMAN RD City PALM HARBOR FL Zip Code 34684		
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 <u><i>Claudia Beard - Treasurer</i></u> FADE <u><i>4/4/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PREBLE, DAVID M DDS JD 18180 SW 122 AVE MIAMI, FL 33177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - P JANICE ELKINS 1220 SUGAR CREEK LN. ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODS, KATHERINE RDH 7200 66TH STREET NORTH PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT-DH-V Jeanie Grimm 577-ARBOR RIDGE TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAHLER, HOLLY CDA 357 WEST EXETER STREET SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT-DA-V BECKY CRAIG 9407 S.W. 129th St. ARCHER, FL 32618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RIDILLA, PAMELA RDH 1155 COUNTY ROAD 4139 DELAND, FL 32724	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-DH-S Paula Porter-Smith 14110 FARMINGTON BLVD. TAMPA, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HARRISON, GARI-JO 6055 SEMINOLE GARDENS CIRCLE PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-DA-S TERESA LUCAS 5528-CHARBOR DR. PENSACOLA FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - T CLAUDIA BEARD 2675 ALDERMAN RD PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 like empowered.					
SIGNATURE: <u><i>Claudia Beard</i></u> / CLAUDIA BEARD - TREASURER <u><i>4/4/07</i></u> 727-784-7118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					