## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009709

FILED Jan 06, 2011 Secretary of State

Entity Name: FLORIDA ALLIED DENTAL EDUCATORS, INC.

Current Principal Place of Business: New Principal Place of Business:

3870 N. HWY A1A

#1003

FT. PIERCE, FL 34949

Current Mailing Address: New Mailing Address:

3870 N. HWY A1A

#1003

FT. PIERCE, FL 34949

FEI Number: 20-1757733 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERGUSON, MARTA G 3870 N. HWY A1A #1003

FT. PIERCE, FL 34949 US

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: EXD

 Name:
 BLAND, KIM S

 Address:
 618 35TH ST W

 City-St-Zip:
 BRADENTON, FL 34205

Title: PRES

Name: ELLIOTT, JEANNIE Address: PO BOX 5393

City-St-Zip: TITUSVILLE, FL 32780

Title: PRES

Name: REED, CONNIE Address: 1513 S. ARRAWANA AVE City-St-Zip: TAMPA, FL 33629

Title: SEC

 Name:
 MARCEL, SANDY

 Address:
 330 PALM ISLAND NE

 City-St-Zip:
 CLEARWATER, FL 33767

Title: SEC

 Name:
 ODLE, CHERYL

 Address:
 3209 VIRGINIA AVE

 City-St-Zip:
 FT. PIERCE, FL 34981

Title: TREA

 Name:
 FERGUSON, MARTA

 Address:
 3870 N. HWY A1A #1003

 City-St-Zip:
 FT. PIERCE, FL 34949

I hereby 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 all other like empowered.

SIGNATURE: MARTA FERGUSON TRES 01/06/2011

Electronic Signature of Signing Officer or Director

Date