

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003121

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** THE FOUNDATION FOR DENTAL LABORATORY TECHNOLOGY, INC.

**Current Principal Place of Business:**

325 JOHN KNOX ROAD L-103  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

325 JOHN KNOX ROAD L-103  
L-103  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

325 JOHN KNOX ROAD L-103  
TALLAHASSEE, FL 32303

**New Mailing Address:**

325 JOHN KNOX ROAD L-103  
L-103  
TALLAHASSEE, FL 32303

**FEI Number:** 26-2381417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRASWELL, RICKI CAE  
325 JOHN KNOX ROAD L-103  
TALLAHASSEE, FL 32303 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: T  
Name: CURRAN, ELIZABETH CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T  
Name: SIKES, LINDY CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T  
Name: DELAPA, R.J.  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T  
Name: AVERY, DAVID CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T  
Name: DONNELL, BART CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T  
Name: MARTIN, HENRY CDT  
Address: 325 JOHN KNOX ROAD L-103  
City-St-Zip: TALLAHASSEE, FL 32303

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: RICKI BRASWELL

DIRE

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date