

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003121

FILED  
Feb 18, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

NAPIER, BENNETT CAE  
325 JOHN KNOX ROAD L-103  
TALLAHASSEE, FL 32303 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: BENNETT NAPIER, CAE

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: T  
Name: WALDROP, CHRIS 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: BENNETT NAPIER

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02/18/2011

Electronic Signature of Signing Officer or Director

Date