2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N08000003967

Entity Name: CAPITAL AREA DENTAL HYGIENE ASSOCIATION, INC.

Current Principal Place of Business:

3026 BARCLAY CT.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15132
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 11-3834807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, SUSAN RDH
3026 BARCLAY CT.
TALLAHASSEE, FL 32309 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: P ( ) Delete
Name: PERKINS, SUSAN
Address: 3026 BARCLAY CT.
City-St-Zip: TALLAHASSEE, FL 32309

Title: P ( ) Delete
Name: MCGEHEE, JUDITHANNE
Address: 8224 LITTLE TERRY CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP ( ) Delete
Name: FOREST, KARLENE
Address: 306 BEAVER LAKE RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: THOMAS, GINCY
Address: 2106 SKYLAND DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: SMITH, DENISE
Address: 4709 HIGHGROVE RD.
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change ( ) Addition
Name: PERKINS, SUSAN
Address: 3026 BARCLAY CT.
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: PE (X) Change ( ) Addition
Name: REAMS, KIMBERLY
Address: 4361 ROCKINGHAM ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Change ( ) Addition
Name: BARR, RANDA
Address: 2106 BACK LAKE CIRCLE
City-St-Zip: BAINBRIDGE, GA 39819

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

I hereby certify that the information supplied with this filing does not qualify 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: DENISE K. SMITH, RDH T 03/13/2009
Electronic Signature of Signing Officer or Director — Date