

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003967

FILED
Feb 20, 2010
Secretary of State

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: PRES
Name: REAMS, KIMBERLY RDH
Address: 4361 ROCKINGHAM RD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: PP
Name: MCGEHEE, JUDITHANNE RDH
Address: 8224 LITTLE TERRY CIR
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: PE
Name: BARR, RANDA RDH
Address: 2106 BACK LAKE CIRCLE
City-St-Zip: BAINBRIDGE, GA 39819 US

Title: VP
Name: CHICHETTI, JO ANN RDH
Address: PO BOX 85
City-St-Zip: ST. MARKS, FL 32355 US

Title: T
Name: SMITH, DENISE RDH
Address: 4709 HIGHGROVE RD.
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: S
Name: CARVALLO, KATRINA RDH
Address: 2228 TIMBERWOOD CIRCLE SOUTH
City-St-Zip: TALLAHASSEE, FL 32304 US

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: SUSAN E. PERKINS

RA

02/20/2010

Electronic Signature of Signing Officer or Director

Date