

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N13103

1. Entity Name
**INTERNATIONAL COLLEGE OF DENTISTS U.S.A.
SECTION FOUNDATION, INC.**



Principal Place of Business
**51 MONROE STREET
SUITE 1400
ROCKVILLE, MD 20850**

Mailing Address
**110 HUNTCLIFF POINT
ATLANTA, GA 30350 US**



07032006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3746586

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, DONALD E DDS
3460 S FLETCHER AVE
#401
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LATHROP, JOHN B DMD
STREET ADDRESS	14 WILMOT MEWS
CITY-ST- ZIP	WEST CHESTER, PA 19382
TITLE	VD
NAME	LUBERTO, MICHAEL A DDS
STREET ADDRESS	656 CABTERBURY ROAD
CITY-ST- ZIP	GROSSE POINTE WOODS, MI 48236
TITLE	STD
NAME	JOHNSON, DONALD E DDS
STREET ADDRESS	110 HUNTCLIFF PT
CITY-ST- ZIP	ATLANTA, GA 30350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U00000568551
07/07/06-80013-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald E. Johnson
Donald E. Johnson

3 July 2006

770 993 4591

Date

Daytime Phone #