

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13200

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** NORTHWEST DISTRICT DENTAL ASSOCIATION, INC.

**Current Principal Place of Business:**

907 BEAVER CREEK LN  
HAVANA, FL 32333 US

**New Principal Place of Business:**

**Current Mailing Address:**

4244 W. TENNESSEE ST.  
#314  
TALLAHASSEE, FL 32304 US

**New Mailing Address:**

**FEI Number:** 59-2953847      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DOVER, FRANCES A  
4244 W. TENNESSEE ST #314  
TALLAHASSEE, FL 32304 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: PD ( ) Delete  
Name: PARAMORE, JOLENE O  
Address: 2240 W 24TH STREET  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D ( ) Delete  
Name: DOVER, FRANCES A  
Address: 4244 W TENNESSEE ST #314  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD ( ) Delete  
Name: RIGSBY, RANDALL P  
Address: 3969 SPANISH TRAIL  
City-St-Zip: PENSACOLA, FL 32504 US

Title: VPD ( ) Delete  
Name: TORGERSON, NEIL  
Address: 1305 THOMAS WOOD DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: GRACE, ROGER A  
Address: 28 RACETRACK ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANCES A. DOVER

D

01/10/2005

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

\_\_\_\_\_  
Date