

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13200

FILED
Jan 12, 2007
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: VPD () Delete
Name: MCQUARY, MARK D
Address: 2880 CAPITAL MEDICAL BLVD., #3
City-St-Zip: TALLAHASSEE, FL 32308 US

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

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

Title: VPD () Delete
Name: GOODREAU, GREGORY
Address: 218 HWY. 79, S
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

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

Title: D () Delete
Name: FUTRELL, HARRY C
Address: 330 W. 23RD STREET # J
City-St-Zip: PANAMA CITY, FL 32405 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: MARTIN, III, JAMES E
Address: 4800 W FAIRFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32506 US

Title: PD (X) Change () Addition
Name: GOODREAU, GREGORY
Address: 218 HWY. 79, S
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

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 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: FRANCES A. DOVER

D

01/12/2007

Electronic Signature of Signing Officer or Director

Date