

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90104 042 \*\*\*\*61.25

**DOCUMENT # N25393**

1. Entity Name  
**DISMUKES' CHILDREN'S DENTAL PROGRAM, INC.**



Principal Place of Business  
**17 PACIFIC STREET  
STE A  
SAINT AUGUSTINE, FL 32084**

Mailing Address  
**17 PACIFIC STREET  
STE A  
SAINT AUGUSTINE, FL 32084**

**40003124**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-0668491**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, BRADLEY K  
34 BAY VIEW DRIVE  
ST. AUGUSTINE, FL 32084**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME UPCHURCH, JR, H DAVIS  
STREET ADDRESS 1524 SAN RAFAEL WAY  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE STD ☐ Delete  
NAME DAVIS, BRADLEY K  
STREET ADDRESS 34 BAYVIEW DRIVE  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE D ☐ Delete  
NAME BOZARD, FRED H III  
STREET ADDRESS 317 REDWING LN  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080

TITLE D ☐ Delete  
NAME NORMAN, MIKE  
STREET ADDRESS 164 PELICAN REEF DR.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE DV ☐ Delete  
NAME BEXLEY, JERRY  
STREET ADDRESS 332 REDWING LANE  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Bradley K Davis*

**BRADLEY K DAVIS**

*1/10/05*

Date

*(904) 819-1799*

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR