

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90033 040 ****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**



01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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, 2006

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	<input checked="" type="checkbox"/> Delete
NAME	UPCHURCH, JR, H DAVIS	
STREET ADDRESS	1524 SAN RAFAEL WAY	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVIS, BRADLEY K	
STREET ADDRESS	34 BAYVIEW DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOZARD, FRED H III	
STREET ADDRESS	317 REDWING LN	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, MIKE	
STREET ADDRESS	164 PELICAN REEF DR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BEXLEY, JERRY	
STREET ADDRESS	332 REDWING LANE	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UPCHURCH, TRACY W.	
STREET ADDRESS	398 OLD SNARRY ROAD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, MIKE	
STREET ADDRESS	164 PELICAN REEF DR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEXLEY, JERRY	
STREET ADDRESS	332 REDWING LANE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bradley K Davis

BRADLEY K. DAVIS

1/20/06

(904) 819-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #