

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90059 027 \*\*\*\*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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-NP CR2E037 (12/06)

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, 2008**

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 **D** ☐ Delete  
NAME **UPCHURCH, TRACY W**  
STREET ADDRESS **398 OLD QUARRY RD**  
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 **VD** ☐ Delete  
NAME **NORMAN, MIKE**  
STREET ADDRESS **164 PELICAN REEF DR.**  
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **PD** ☐ 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 **STD**  
STREET ADDRESS **DAVIS, BRADLEY K**  
CITY-ST-ZIP **34 BAY VIEW DRIVE**  
**ST. AUGUSTINE, FL 32084**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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**

**1/4/08 (904) 819-1799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #