

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25393

FILED  
Feb 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

17 PACIFIC STREET  
STE A  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

17 PACIFIC STREET  
STE A  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-0668491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, BRADLEY K  
34 BAY VIEW DRIVE  
ST. AUGUSTINE, FL 32084 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: D ( ) Delete  
Name: UPCHURCH, TRACY W  
Address: 398 OLD QUARRY RD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: STD ( ) Delete  
Name: DAVIS, BRADLEY K  
Address: 34 BAY VIEW DR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: BOZARD, FRED H III  
Address: 317 REDWING LN  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD ( ) Delete  
Name: NORMAN, MIKE  
Address: 164 PELICAN REEF DR.  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PD ( ) Delete  
Name: BEXLEY, JERRY  
Address: 332 REDWING LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

**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 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: BRADLEY K. DAVIS

ST

02/10/2009

Electronic Signature of Signing Officer or Director

Date