

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25393

**FILED**  
**Jan 08, 2010**  
**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  
Name: UPCHURCH, TRACY W  
Address: 398 OLD QUARRY RD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BRADLEY K DAVIS

STD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date