2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# N25393

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: MICKLER, MARTHA
Address: 30 SPANISH STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

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 01/11/2011

Electronic Signature of Signing Officer or Director Date