

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26588

FILED
May 02, 2006
Secretary of State

Entity Name: DENTAL FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

800 N. MILLS AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

800 N. MILLS AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2887067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOWELL, LINDA R
800 NORTH MILLS AVENUE
ORLANDO, FL 32803 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: MATTESON, ROB
Address: 1340 TUSKAWILLA RD. #108
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P () Delete
Name: MCINTOSH, DAVID
Address: 520 S MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: PELLARIN, ROBERT,
Address: 201 MORAY LANE
City-St-Zip: ORLANDO, FL

Title: PP () Delete
Name: MATTESON, ROB
Address: 1340 TUSKAWILLA RD STE 108
City-St-Zip: WINTER SPRINGS, FL 327513270

Title: DT () Delete
Name: VALLILLO, MICHAEL
Address: 112 E LUCERNE CIR
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: PRICE, ALAN
Address: 199 E WELBOURNE AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEATTIE, JOHN
Address: 401 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change () Addition
Name: MCINTOSH, DAVID
Address: 520 S MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

Title: PE (X) Change () Addition
Name: SECOR, JEFFREY
Address: 2295 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALDERONE, JOSEPH
Address: 415 SUMMERHAVEN DR
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN BEATTIE

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date