

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26588

FILED
May 08, 2009
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: P () Delete
Name: BEATTIE, JOHN
Address: 401 N. MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803

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

Title: D () Delete
Name: SEVOR, JEFFREY
Address: 2295 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

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

Title: DT () Delete
Name: BEATTIE, JEFFREY
Address: 1111 LUCERNE TERRACE, STE 100
City-St-Zip: ORLANDO, FL 32806

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ARTHUR, HAROLD
Address: 331 N MAITLAND AVE STE A4
City-St-Zip: MAITLAND, FL 32751

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: JEFFREY BEATTIE

T

05/08/2009

Electronic Signature of Signing Officer or Director

Date