


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90189 007 ****61.25

DOCUMENT # N94000001787 1. Entity Name LEE COUNTY DENTAL SOCIETY, INC.					
Principal Place of Business 3737 MCKINLEY AVENUE FORT MYERS, FL 33901 US			Mailing Address POST OFFICE BOX 7429 FORT MYERS, FL 33911-7429		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-2291674				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, BRENDA 3737 MCKINLEY AVE FT. MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	TRUAX, WILLIAM II	
STREET ADDRESS	2041 MCGREGOR BLVD				
CITY-ST-ZIP	FORT MYERS, FL 33901				
TITLE	S	<input type="checkbox"/> Delete	NAME	STEWART, BRENDA L	
STREET ADDRESS	3737 MCKINLEY AVE				
CITY-ST-ZIP	FORT MYERS, FL 33901				
TITLE	VD	<input type="checkbox"/> Delete	NAME	JANFIK, KENNETH	
STREET ADDRESS	35 BARKLEY CIR, #1				
CITY-ST-ZIP	FORT MYERS, FL 33907				
TITLE	TSD	<input type="checkbox"/> Delete	NAME	GEAR, ROBERT II D	
STREET ADDRESS	33 BARKLEY CIR.				
CITY-ST-ZIP	FORT MYERS, FL 33907				
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Landik, Kenneth	
STREET ADDRESS	(spelling)				
CITY-ST-ZIP					
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Favallig Oliver	
STREET ADDRESS	5150 Mason Corbin Ct., #2				
CITY-ST-ZIP	Ft. Myers, FL 33907				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Brenda L. Stewart</u> <u>Brenda L. Stewart</u> <u>1/9/07</u> <u>239-936-9240</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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