

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001787

FILED
Jan 05, 2011
Secretary of State

Entity Name: LEE COUNTY DENTAL SOCIETY, INC.

Current Principal Place of Business:

3737 MCKINLEY AVENUE
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7429
FORT MYERS, FL 33911

New Mailing Address:

FEI Number: 59-2291674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, BRENDA
3737 MCKINLEY AVE
FT. MYERS, FL 33901 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: S/D
Name: STEWART, BRENDA L
Address: 3737 MCKINLEY AVE
City-St-Zip: FORT MYERS, FL 33901

Title: PD
Name: CATLIN, DEIRDRE DR.
Address: 4447 CAMINO REAL WAY
City-St-Zip: FORT MYERS, FL 33966

Title: VD
Name: FAWCETT, TOD DR.
Address: 8931 CONFERENCE DR., #1
City-St-Zip: FORT MYERS, FL 33919

Title: TSD
Name: OAKES-LOTTRIDGE, DENISE DR.
Address: 1001 S. LOOP BLVD.
City-St-Zip: LEHIGH ACRES, FL 33936

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: BRENDA STEWART

S/D

01/05/2011

Electronic Signature of Signing Officer or Director

Date