


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 12 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000003305 (8)**

1. Corporation Name

COMMUNITY DENTAL HEALTH FOUNDATION, INC.



| | |
|---|---|
| Principal Place of Business 2127 N.E. COACHMAN ROAD CLEARWATER FL 34625 | Mailing Address 2127 N.E. COACHMAN ROAD CLEARWATER FL 34625 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|----------------------------------|--|---|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 07/07/1995 | | 3a. Date of Last Report 11/04/1996 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number APPLIED FOR 59-3325330 | | Applied For Not Applicable | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 33765 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Zip 33765 | | Country 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERSTEIN, HARVEY
2127 N.E. COACHMAN ROAD
CLEARWATER FL 34625**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code FL 33765 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERSTEIN, HARVEY | 1.2 NAME | |
| STREET ADDRESS | 2127 N.E. COACHMAN RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | 1.4 CITY-ST-ZIP | 33765 |
| TITLE | D | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAYSLETT, JAMES | 2.2 NAME | |
| STREET ADDRESS | 2127 N.E. COACHMAN RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | 2.4 CITY-ST-ZIP | 33765 |
| TITLE | D | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, MARK | 3.2 NAME | |
| STREET ADDRESS | 1330 S. BELCHER RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34624 | 3.4 CITY-ST-ZIP | 33764 |
| TITLE | D | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOSLEY, FRED | 4.2 NAME | |
| STREET ADDRESS | 2127 N.E. COACHMAN RD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | 4.4 CITY-ST-ZIP | 33765 |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZABROCKI, DAVID | 5.2 NAME | |
| STREET ADDRESS | 1601 EAST BAY DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL 34641 | 5.4 CITY-ST-ZIP | 33771 |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **SIGNATURE REQUIRED**

CP2E037 (4/97)