

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90026 024 \*\*\*\*61.25

**DOCUMENT # N95000003305**

1. Entity Name

COMMUNITY DENTAL HEALTH FOUNDATION, INC.



Principal Place of Business

2127 N.E. COACHMAN ROAD  
CLEARWATER FL 33765  
US

Mailing Address

2127 N.E. COACHMAN ROAD  
CLEARWATER FL 33765  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3325330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERSTEIN, HARVEY  
2127 N.E. COACHMAN ROAD  
CLEARWATER FL 33765

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KERSTEIN, HARVEY	
STREET ADDRESS	2127 N.E. COACHMAN RD.	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYSLETT, JAMES	
STREET ADDRESS	2127 N.E. COACHMAN RD.	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MARK	
STREET ADDRESS	1330 S. BELCHER RD.	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOSLEY, FRED	
STREET ADDRESS	2127 N.E. COACHMAN RD.	
CITY- ST- ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZABROCKI, DAVID	
STREET ADDRESS	1601 EAST BAY DR.	
CITY- ST- ZIP	LARGO FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payable To: \_\_\_\_\_