

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003305

FILED
Apr 14, 2009
Secretary of State

Entity Name: COMMUNITY DENTAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

2127 N.E. COACHMAN ROAD
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2127 N.E. COACHMAN ROAD
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3325330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERSTEIN, HARVEY
2127 N.E. COACHMAN ROAD
CLEARWATER, FL 33765 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: D () Delete
Name: KERSTEIN, HARVEY
Address: 2127 N.E. COACHMAN RD.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: HAYSLETT, JAMES
Address: 2127 N.E. COACHMAN RD.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: DAVIS, MARK
Address: 1330 S. BELCHER RD.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: HOSLEY, FRED
Address: 2127 N.E. COACHMAN RD.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: ZABROCKI, DAVID
Address: 1601 EAST BAY DR.
City-St-Zip: LARGO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID A. ZABROCKI

TREA

04/14/2009

Electronic Signature of Signing Officer or Director

Date