

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90027 038 \*\*\*\*70.00

<b>DOCUMENT # N99000005690</b> 1. Entity Name <b>SOUTHEASTERN ACADEMY OF PROSTHODONTIC FOUNDATION, INC.</b>					
Principal Place of Business <b>4100 S. DIXIE HIGHWAY SUITE A WEST PALM BEACH FL 33405</b>			Mailing Address <b>4100 S. DIXIE HIGHWAY SUITE A WEST PALM BEACH FL 33405</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0996917</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOOSE, KARL J 4100 S. DIXIE HIGHWAY SUITE A WEST PALM BEACH FL 33405</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FOOSE, KARL J 4100 S. DIXIE HIGHWAY SUITE A WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WIXGUL, F.B. 1227 HWY 45 N COLUMBUS MS 39701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CONNOR, ROBERT 1771 INDEPENDENCE CT STE 1 BIRMINGHAM AL 35216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BODO, JOSEPH P JR. 7123 N ARMENIA AVENUE TAMPA FL 33604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NESTOR, PAUL 5301 S DALE MABRY HWY TAMPA FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u>Karl J. Foose</u> <b>KARL J. FOOSE</b> <u>April 12, 07</u> <u>5616553404</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

40110863

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2007

SOUTHEASTERN ACADEMY OF PROSTHODONTIC FOUNDATION, INC.  
4100 S. DIXIE HIGHWAY  
SUITE A  
WEST PALM BEACH, FL 33405

Subject: SOUTHEASTERN ACADEMY OF PROSTHODONTIC FOUNDATION,

Reference Number: N99000005690

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/am

ANNUAL REPORTS SECTION

*Dear Sir*

*On April 12 I mailed the above with one  
for my PA with appropriate checks. Neither  
checks cleared the bank by May 1.*

*Enclosed is a second check for the above  
Thanking you in advance*

*Sincerely*

*W. D. Gorman*