2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
03-28-2008 90040 045 ***150.00

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1. Entity Name
SOUTHEASTERN ACADEMY OF PROSTHODONTIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
4100 S. DIXIE HIGHWAY SUITE A WEST PALM BEACH, FL 33405	4100 S. DIXIE HIGHWAY SUITE A WEST PALM BEACH, FL 33405

66006888

01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0996917
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOOSE, KARL J
4100 S. DIXIE HIGHWAY
SUITE A
WEST PALM BEACH, FL 33405

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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: Karl J Foose MD March 13, '08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOOSE, KARL J
STREET ADDRESS	4100 S. DIXIE HIGHWAY SUITE A
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	WIXGUL, F.B.
STREET ADDRESS	1227 HWY 45 N
CITY-ST-ZIP	COLUMBUS, MS 39701
TITLE	D
NAME	CONNOR, ROBERT
STREET ADDRESS	1771 INDENEDENCE CT STE 1
CITY-ST-ZIP	BIRMINGHAM, AL 35216
TITLE	D
NAME	BODO, JOSEPH P JR.
STREET ADDRESS	7123 N ARMENIA AVENUE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	NESTOR, PAUL
STREET ADDRESS	5301 S DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Karl J Foose MD 4/14/8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #