

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005690

FILED
Jan 07, 2009
Secretary of State

Entity Name: SOUTHEASTERN ACADEMY OF PROSTHODONTIC FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0996917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOOSE, KARL J
4100 S. DIXIE HIGHWAY
SUITE A
WEST PALM BEACH, FL 33405 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: FOOSE, KARL J
Address: 4100 S. DIXIE HIGHWAY SUITE A
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: WIXGUL, F.B.
Address: 1227 HWY 45 N
City-St-Zip: COLUMBUS, MS 39701

Title: D () Delete
Name: CONNOR, ROBERT
Address: 1771 INDENEDENCE CT STE 1
City-St-Zip: BIRMINGHAM, AL 35216

Title: D () Delete
Name: BODO, JOSEPH P JR.
Address: 7123 N ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: NESTOR, PAUL
Address: 5301 S DALE MABRY HWY
City-St-Zip: TAMPA, FL 33611

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: KARL J.FOOSE

DDS

01/07/2009

Electronic Signature of Signing Officer or Director

Date