

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711747

Entity Name: CENTRAL FLORIDA DISTRICT DENTAL ASSOCIATION, INC.**Current Principal Place of Business:**800 N MILLS AVE
ORLANDO, FL 32803**Current Mailing Address:**800 N MILLS AVE
ORLANDO, FL 32803 US**FEI Number:** 59-6196823**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULTON, MARLINDA D
800 N MILLS AVE
ORLANDO, FL 32803 US*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:** MARLINDA D FULTON

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KAHN, BERNARD
Address 926 N. MAITLAND AVE.
City-State-Zip: MAITLAND FL 32751

Title PAST PRESIDENT
Name CROFTON, DANIEL
Address 2075 PINE BLUFF PLACE
City-State-Zip: OVIEDO FL 32765

Title VP
Name CORDOBA, JOHN
Address 734 STIRLING CENTER PLACE
City-State-Zip: LAKE MARY FL 32746

Title PRESIDENT
Name KARA, CRAIG
Address 1433 S. PATRICK DR.
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title VP
Name THIEMS HEFLIN, SUZI
Address 1111 NE 25TH AVE. #404
City-State-Zip: OCALA FL 34470

Title EXECUTIVE SECRETARY
Name FULTON, MARLINDA
Address 800 N. MILLS AVE.
City-State-Zip: ORLANDO FL 32803

I hereby 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 all other like empowered.

SIGNATURE: MARLINDA FULTON**EXECUTIVE DIRECTOR**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date