2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2025
Secretary of State
4387187352CC

DOCUMENT# 753257

Entity Name: FLORIDA DENTAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

545 JOHN KNOX ROAD, SUITE 200
TALLAHASSEE, FL 32303

Current Mailing Address:

545 JOHN KNOX ROAD, SUITE 200
TALLAHASSEE, FL 32303 US

FEI Number: 59-2019148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EASON, ANDREW J
545 JOHN KNOX ROAD, SUITE 200
TALLAHASSEE, FL 32303 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: ANDREW J. EASON 04/29/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	PAYNE, ROBERT W DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	WALTON III, JAMES F DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	CFO, COO
Name	GRUBER, GREGORY W
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	MENENDEZ, OSCAR DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR OF FOUNDATION AFFAIRS
Name	GILLUM, R. JAI
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	BURWELL, BETH MS.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	BUCKENHEIMER, KAREN MRS.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	CARR BUSTILLO, NATALIE DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Continues on page 2

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: GREGORY W. GRUBER COO/CFO 04/29/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CEO
Name	EASON, ANDREW J.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	TANDY, BRUCE DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	SECRETARY, DIRECTOR
Name	COLVIN, SHARON DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	LILO, SANDRA DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	TREASURER, DIRECTOR
Name	MEYMAND, SAMIRA DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	GARCIA, ISABEL DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	COORDINATOR OF FOUNDATION AFFAIRS
Name	BADEAU, KRISTIN MS.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	PRESIDENT, DIRECTOR
Name	KEVER, BRENNA DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP, DIRECTOR
Name	MAZARIEGOS, STEPHANIE DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	FERRIS, GERALDINE DR.
Address	545 JOHN KNOX ROAD, SUITE 200
City-State-Zip:	TALLAHASSEE FL 32303