

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

FILED
Feb 06, 2024
Secretary of State
3865691498CC

Entity Name: NATIONAL ASSOCIATION OF DENTAL LABORATORIES, INC.

Current Principal Place of Business:

325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303

Current Mailing Address:

325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303

FEI Number: 53-0214880

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NAPIER, BENNETT CAE
325 JOHN KNOX RD - L-103
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name NAPIER, BENNETT CAE
Address 325 JOHN KNOX RD L103
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name REINA, MICHAEL
Address 1375 N SCOTTSDALE RD BLDG 2 STE 145
City-State-Zip: SCOTTSDALE AZ 85257

Title TREASURER
Name NAKANISHI, MEGAN
Address 2959 NORTHUP WAY
City-State-Zip: BELLEVUE WA 98009

Title CHIEF STAFF EXECUTIVE
Name LUOMA, RACHEL CAE
Address 325 JOHN KNOX RD STE L103
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT
Name BURRIS, DENISE CDT
Address 4488 N SHALLOWFORD RD STE 210
City-State-Zip: ATLANTA GA 30338

Title PRESIDENT ELECT
Name YOUNG, JOSEPH
Address 2522 S. BROAD ST
City-State-Zip: PHILADELPHIA PA 19145

Title DIRECTOR
Name URBAN, DENNIS CDT
Address 161 MACQUESTON PARKWAY SOUTH
City-State-Zip: MOUNT VERNON NY 10550

Title SECRETARY
Name LOVE, TOM
Address 6900 SANGER AVE
City-State-Zip: WACO TX 76710

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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: RACHEL LUOMA

CHIEF STAFF EXECUTIVE 02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STOVER, JAMIE CDT
Address 1304 EAST RIDGE BLVD SE
City-State-Zip: OLYMPIA WA 98501

Title DIRECTOR
Name KIRKWOOD, NATHAN CDT
Address 237 JACKSON MEADOWS DR
City-State-Zip: HERMITAGE TN 37076

Title DIRECTOR
Name HAYES, ROBERT CDT
Address 1101 S YAKIMA ST
City-State-Zip: TACOMA WA 98405

Title DIRECTOR
Name SARTORIS, DORY
Address 8842 GOODBY'S EXECUTIVE DR
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name FARAGO, MICHAEL
Address 1 PARK DR UNIT 9
City-State-Zip: WESTFORD MA 01886

Title DIRECTOR
Name ZAVADA, MIKE
Address 1500 W MAIN AVE
City-State-Zip: DEPERE WI 54115

Title DIRECTOR
Name NOWAK, SHAWN
Address 6717 HWY 11 N
City-State-Zip: CARRIERE MS 39426

Title DIRECTOR
Name LING, CARRIE
Address 2801 W AVE T
City-State-Zip: TEMPLE TX 76504