

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003967

Entity Name: CAPITAL AREA DENTAL HYGIENE ASSOCIATION, INC.

Current Principal Place of Business:

33 YACHT LANE
ST. MARKS, FL 32355-0085

Current Mailing Address:

P.O. BOX 85
ST. MARKS, FL 32355-0085 US

FEI Number: 11-3834807

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C/O CHICHETTI, JO ANN ARDH
33 YACHT LANE
ST. MARKS, FL 32355-0085 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 IPP
Name RANDA, BARR RDH
Address 2106 BACK LAKE CIRCLE
City-State-Zip: BAINBRIDGE GA 39819

Title T
Name SMITH, DENISE RDH
Address 4790 HIGHGROVE RD.
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY
Name WAGNER, VIRGINIA RDH
Address 1951 N. MERIDIAN ROAD, APT. 7
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT
Name CHICHETTI, JO ANN A RDH
Address 33 YACHT LANE
P.O. BOX 85
City-State-Zip: ST. MARKS FL 32355-0085

Title VP
Name BECK, TERRI N RDH
Address 1335 LANDOVER PLACE
City-State-Zip: TALLAHASSEE FL 32317

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: JO ANN A CHICHETTI

RDH, PRES. CADHA

02/08/2013

Electronic Signature of Signing Officer/Director Detail

Date