# **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003967

Entity Name: NORTH WEST FLORIDA DENTAL HYGIENISTS' ASSOCIATION,

**INC** 

FILED
Jan 31, 2021
Secretary of State
5141634628CC

# **Current Principal Place of Business:**

DENISE K. SMITH 4790 HIGHGROVE ROAD TALLAHASSEE, FL 32309

# **Current Mailing Address:**

NWFDHA POST OFFICE BOX 15132 TALLAHASSEE, FL 32317 US

FEI Number: 11-3834807 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

SMITH, DENISE K 4790 HIGHGROVE ROAD TALLAHASSEE, FL 32309 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	PRESIDENT	Title	PRESIDENT ELECT
Name	MCGEHEE, JUDITHANNE	Name	BECK, TERRI N RDH
Address	8224 LITTLE TERRY CIRCLE	Address	3823 PINE WALK DR
City-State-Zip:	TALLAHASSEE FL 32311	City-State-Zip:	TALLAHASSEE FL 32312

Title TREASURER Title TRUSTEE

NameSMITH, DENISE KNameWINTERBERRY, DONNAAddress4790 HIGHGROVE ROADAddress10 S. 65TH AVENUECity-State-Zip:TALLAHASSEE FL 32309City-State-Zip:PENSACOLA FL 32506

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: DENISE K. SMITH TREASURER 01/31/2021