

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000001282

Entity Name: THE WILLIAM HOWARD TRUAX II FOUNDATION SUPPORTING
PROJECT DENTISTS CARE OF SOUTHWEST FLORIDA INC**FILED**
Feb 10, 2024
Secretary of State
5161322966CC**Current Principal Place of Business:**2051 MCGREGOR BLVD
FORT MYERS, FL 33901**Current Mailing Address:**2051 MCGREGOR BLVD
FORT MYERS, FL 33901 US**FEI Number: 92-1967638****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SAWCYZN, CHRISTIAN R
8695 COLLEGE PARKWAY
FORT MYERS, FL 33901 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	TRUSTEE
Name	TRUAX, WILLIAM H II
Address	2051 MCGREGOR BLVD
City-State-Zip:	FORT MYERS FL 33901

Title	SECRETARY
Name	CLARK, DAVID E
Address	2051 MCGREGOR BLVD
City-State-Zip:	FORT MYERS FL 33901

Title	TRUSTEE
Name	PULTZ, BARNEY
Address	2051 MCGREGOR BLVD
City-State-Zip:	FORT MYERS FL 33901

Title	CHAIRMAN
Name	SAWCZYN, CHRISTIAN R
Address	8695 COLLEGE PARKWAY
City-State-Zip:	FORT MYERS FL 33901

Title	TRUSTEE
Name	HENDERSON, RANDAL P
Address	1306 SHADOW LN
City-State-Zip:	FORT MYERS FL 33901

Title	VC
Name	TRUAX, KATHLEEN
Address	2051 MCGREGOR BLVD
City-State-Zip:	FORT MYERS FL 33901

Title	TRUSTEE
Name	BURNSIDE, CARL
Address	3800 E EDISON AVE
City-State-Zip:	FORT MYERS FL 33919

Title	TREASURER
Name	BLURTON, GREGORY J
Address	13000 SOUTH CLEVELAND AVE.
City-State-Zip:	FORT MYERS FL 33907

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: DAVID E. CLARK**SECRETARY****02/10/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date