

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010565

Entity Name: MILES OF SMILES FOUNDATION, INC.**Current Principal Place of Business:**19810 GOTTARDE RD
N. FORT MYERS, FL 33917**Current Mailing Address:**5821 SUNNYSIDE LANE
FORT MYERS, FL 33919**FEI Number:** 26-1325868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANIEL, DOXIE K
5821 SUNNYSIDE LANE
FT. MYERS, FL 33919 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
Name DOXIE, DANIEL K
Address 5821 SUNNYSIDE LANE
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY
Name DOXIE, GAIL A
Address 5821 SUNNYSIDE LANE
City-State-Zip: FORT MYERS FL 33919

Title TREASURER
Name MANKIN, TIMOTHY
Address 8667 SOUTH LAKE CIRCLE
City-State-Zip: FORT MYERS FL 33908

Title OFFICER
Name IRWIN, CRAIG N
Address 9223 PRINCETON ST
City-State-Zip: HIGHLANDS RANCH CO 80130

Title OFFICER
Name BRIGHT, LESLIE J
Address 6816 AUTUMN CT
City-State-Zip: NORTH FORT MYERS FL 33903

Title OFFICER
Name FITZGERALD, KELLY D
Address 2 S OSCEOLA AVE
City-State-Zip: ORLANDO FL 32801

Title OFFICER
Name BEASLEY, RYAN
Address 16150 RAVINA WAY
City-State-Zip: NAPLES FL 34110

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: DANIEL K DOXIE**PRESIDENT****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date