

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007332

**Entity Name:** SMILE AGAIN FOUNDATION INC.

**Current Principal Place of Business:**

6439 4TH STREET E  
BRADENTON, FL 34203

**Current Mailing Address:**

2449 WATTS WAY  
SARASOTA, FL 34234 US

**FEI Number:** 47-1537167

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIS, ROJONIC J  
6439 4TH STREET EAST  
BRADENTON, FL 34203 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	P	Title	VP
Name	LEWIS, ROJONIC J	Name	LEWIS, LIANNA N
Address	6439 4TH STREET E	Address	2449 WATTS WAY
City-State-Zip:	BRADENTON FL 34203	City-State-Zip:	SARASOTA FL 34234

*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: ROJONIC LEWIS**

**PRESIDENT**

**05/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date