

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006988

**Entity Name:** SMILE FOR BUDGIE, INC.

**Current Principal Place of Business:**

1109 MAGNOLIA DRIVE  
INDIALANTIC, FL 32903

**Current Mailing Address:**

1109 MAGNOLIA DRIVE  
INDIALANTIC, FL 32903

**FEI Number:** 47-4611336

**Certificate of Status Desired:** No

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

OLIVER-BURGESS, ANGELA  
1109 MAGNOLIA DRIVE  
INDIALANTIC, FL 32903 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            OLIVER-BURGESS, ANGELA  
Address        1109 MAGNOLIA DRIVE  
City-State-Zip: INDIALANTIC FL 32903

Title            TREASURER  
Name            WITTER, ZELAH M  
Address        7225 TOPAZ DRIVE  
City-State-Zip: GRANT FL 32949

Title            DIRECTOR  
Name            HALASSY, ANDREW  
Address        1109 MAGNOLIA DRIVE  
City-State-Zip: INDIALANTIC FL 32903

Title            DIRECTOR  
Name            BOWDEN, BEN  
Address        1109 MAGNOLIA DRIVE  
City-State-Zip: INDIALANTIC FL 32903

Title            SECRETARY  
Name            GREENBLATT, SARAH  
Address        190 WOOSTER ST.  
                  APT. 40  
City-State-Zip: NEW HAVEN CT 06511

*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:** ANGELA K OLIVER-BURGESS

**PRESIDENT**

**04/03/2024**

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

\_\_\_\_\_  
Date