

**2023 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:** Yes

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

Title SD  
Name WITTER, ZELAH M  
Address 932 GEORGE STREET  
City-State-Zip: SEBASTIAN FL 32958

Title TD  
Name EDWARDS, CHERYL  
Address 12779 PLEASANT GREEN WAY  
City-State-Zip: BOYNTON BEACH FL 33437

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

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

Title DIRECTOR  
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**

**05/16/2023**

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

\_\_\_\_\_  
Date