

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007919

**Entity Name:** MISSION SMILES INTERNATIONAL, INC.

**Current Principal Place of Business:**

510 OAKFIELD DR  
BRANDON, FL 33511

**Current Mailing Address:**

510 OAKFIELD DR  
BRANDON, FL 33511 US

**FEI Number: 81-3632104**

**Certificate of Status Desired: No**

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

JEFFRIES, DAVID M  
1227 N FRANKLIN ST  
TAMPA, FL 33602 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 D  
Name RAULERSON, JOHN R  
Address 1011 FACET VIEW WAY  
City-State-Zip: VALRICO FL 33594

Title D  
Name SKURA, GAIL  
Address 18101 WOOD CREEK PL  
City-State-Zip: LUTZ FL 33548

Title D  
Name ASHTON, ADRIENNE  
Address 3040 AVALON TERR DR  
City-State-Zip: VALRICO FL 33596

Title D  
Name MITCHELL, PEGGY  
Address 1338 VIEWTOP DR  
City-State-Zip: CLEARWATER FL 33764

Title D  
Name TUBAUGH, LINDA  
Address 4024 SALEM SQUARE PKWY  
City-State-Zip: PALM HARBOR FL 34685

Title D  
Name MCGARTLAND, KATHY  
Address 12112 SHADOW RUN BLVD  
City-State-Zip: RIVERVIEW FL

*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: GAIL A SKURA**

**DIRECTOR**

**01/21/2023**

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

\_\_\_\_\_  
Date