

2021 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:**1409 W BRANDON BLVD
BRANDON, FL 33511**FEI Number: 81-3632104****Certificate of Status Desired: Yes****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****03/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date