

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007919

Entity Name: MISSION SMILES INTERNATIONAL, INC.**Current Principal Place of Business:**1409 W BRANDON BLVD
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 2207 GALLAGHER RD
City-State-Zip: DOVER FL 33527Title D
Name ASHTON, ADRIENNE
Address 3040 AVALON TERR DR
City-State-Zip: VALRICO FL 33596Title D
Name TUBAUGH, LINDA
Address 4024 SALEM SQUARE PKWY
City-State-Zip: PALM HARBOR FL 34685Title D
Name SKURA, GAIL
Address 18101 WOOD CREEK PL
City-State-Zip: LUTZ FL 33548Title D
Name MITCHELL, PEGGY
Address 1338 VIEWTOP DR
City-State-Zip: CLEARWATER FL 33764Title 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****06/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date