

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005069

1. Entity Name

SMILING FACES FOREVER FOUNDATION, INC.



Principal Place of Business

3664 S.W. 15TH COURT
FT. LAUDERDALE, FL 33312

Mailing Address

3664 S.W. 15TH COURT
FT. LAUDERDALE, FL 33312



01212006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number

65-1123135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LOTTERSTEIN, MARK J ESQ
ONE FINANCIAL PLAZA STE 1600
FTV LAUDERDALE, FL 33394

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000419065
02/14/06-80031-022 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCCAHOON, JOE
STREET ADDRESS 3664 S.W. 15TH COURT
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE D
NAME MCCAHOON, CAROLYN
STREET ADDRESS 3664 S.W. 15TH COURT
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE D
NAME PEDLEY, LORI
STREET ADDRESS 2107 S.E. 21ST STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #