

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


7/29/2004-90004-030-\$61.25-\$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

DOCUMENT # N03000008698

1. Entity Name
PROJECT SMILE / PROYECTO SONRISA OF MANATEE, INC.



Principal Place of Business
**1904 18 STREET COURT EAST
PALMETTO, FL 34221**

Mailing Address
**1904 18 STREET COURT EAST
PALMETTO, FL 34221**

2. Principal Place of Business
P.O. Box 233
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 233
Suite, Apt. #, etc.

City & State
Palmetto

City & State
Palmetto

Zip
34220

Country
Manatee

Zip
34220

Country
Manatee



07222004 Chg-NP CR2E037 (10/03) *MRS*

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BENNETT, OLGA L
1904 18 STREET COURT EAST
PALMETTO, FL 34221**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Olga Bennett* DATE **7/22/04**

Signature, typed or printed name of registered agent and the F applicable (NOTE: Registered Agent Signature required when reappointing)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, AVERY D 923 49 AVE EAST BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATE, KRISTEN M 1105 22 AVE WEST PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIRFIELD, NANCY 4504 56 ST WEST BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORSE, KATHYE 4018 29 AVE W BRADENTON, FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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: *Avery D. Burke* DATE: **7/22/04** DAYTIME PHONE: **941-723-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR