# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 17, 2011**
**Secretary of State**

DOCUMENT# N07000011437

**Entity Name:** AMANDA J. BUCKLEY GIVE A SMILE TO A CHILD FOUNDATION, INC.

**Current Principal Place of Business:**

4454 DAFFODIL CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4454 DAFFODIL CIRCLE SOUTH
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number: 26-1498691** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DAVIS, RICHARD T
901 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D
Name: BUCKLEY, TORY
Address: 4454 DAFFODIL CIRCLE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: BUCKLEY, BARBARA
Address: 4454 DAFFODIL CIRCLE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: FROHLING, TIM
Address: 152 EUPHRATES CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: FROHLING, KIMBERLY
Address: 152 EUPHRATES CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: TORY BUCKLEY PRES 02/17/2011

Electronic Signature of Signing Officer or Director Date