

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011832

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: PROJECT CHILD SMILES, INC.

## Current Principal Place of Business:

1148 BUENA VISTA DR.  
HOLLY HILL, FL 32117

## New Principal Place of Business:

## Current Mailing Address:

1148 BUENA VISTA DR.  
HOLLY HILL, FL 32117

## New Mailing Address:

FEI Number: 26-1539501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIS, MARY  
1148 BUENA VISTA DR.  
HOLLY HILL, FL 32117 US

## Name and Address of New Registered Agent:

MEADOWS, MARY  
1148 BUENA VISTA DR.  
HOLLY HILL, FL 32117 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: MARY MEADOWS

01/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ELLIS, MARY  
Address: 1148 BUENA VISTA DR.  
City-St-Zip: HOLLY HILL, FL 32117

Title: VPD ( ) Delete  
Name: DOROUGH, SHERRI  
Address: P.O. BOX 1638  
City-St-Zip: ROMOLAND, CA 92585

Title: TD ( ) Delete  
Name: FLYNN, JAMIE  
Address: 2531 8TH AVE.  
City-St-Zip: BRADENTON, FL 34205

Title: SD ( ) Delete  
Name: SCHMIDT, RENNEE  
Address: 200I DOGWOOD DR.  
City-St-Zip: MCMINNVILLE, TN 37110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MEADOWS, MARY  
Address: 1148 BUENA VISTA DR.  
City-St-Zip: HOLLY HILL, FL 32117

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BAYLOCK, BOBBIE  
Address: 2022 HWY 126 LOT 4  
City-St-Zip: BRISTOL, TN 37620

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY MEADOWS

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date