

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007293

FILED
Jan 06, 2011
Secretary of State

Entity Name: SMILEFAITH FOUNDATION, INC.

Current Principal Place of Business:

6787 COPPERFIELD DR.
TRINITY, FL 34655

New Principal Place of Business:

4613 U.S. HWY 19
NEW PORT RICHEY, FL 34652

Current Mailing Address:

6787 COPPERFIELD DR.
TRINITY, FL 34655

New Mailing Address:

4613 U.S. HWY.19.
NEW PORT RICHEY, FL 34652

FEI Number: 59-3582029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, TOMMIE
6787 COPPERFIELD DR.
TRINITY, FL 34655 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: PAULES, SHERRI
Address: 5416 FULMAR DR
City-St-Zip: TAMPA, FL 33625

Title: D
Name: LANE, CHRISTINE
Address: 6787 COPPERFIELD DR.
City-St-Zip: TRINITY, FL 34655

Title: D
Name: LANE, TOMMIE
Address: 6787 COPPERFIELD DR.
City-St-Zip: TRINITY, FL 34655

Title: D
Name: GLADE, ROSEMARIE
Address: 9902 SCEPTER AVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D
Name: HALVERSON, TIFFANY
Address: 631 WESTMINISTER BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: RODRIGUEZ, IVETTE
Address: 9414 LIDO LANE
City-St-Zip: NEW PORT RICHEY, FL 34668

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: TOMMIE S. LANE

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date