

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010064

FILED
Apr 01, 2010
Secretary of State

Entity Name: MEMORIES OF MISSING SMILES, INC.

Current Principal Place of Business:

2980 SE 160 LANE ROAD
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

Current Mailing Address:

2980 SE 160 LANE ROAD
SUMMERFIELD, FL 34491 US

New Mailing Address:

FEI Number: 27-1069304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADLER, HOLLY L
2980 SE 160 LANE ROAD
SUMMERFIELD, FL 34491 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: P
Name: LINDSEY, SHARON
Address: 10660 NE 47 AVENUE
City-St-Zip: ANTHONY, FL 32617 US

Title: VP
Name: GRICE, MARVENE
Address: 2624 NE 3RD AVENUE
City-St-Zip: OCALA, FL 34470 US

Title: S/T
Name: SADLER, HOLLY
Address: 2980 SE 160 LANE ROAD
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: D
Name: ADAMS, TED
Address: 2980 SE 160 LANE ROAD
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: D
Name: SADLER, GREG
Address: 2980 SE 160 LANE ROAD
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: D
Name: LINDSEY, GARY
Address: 2980 SE 160 LANE ROAD
City-St-Zip: SUMMERFIELD, FL 34491 US

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: SHARON LINDSEY

P

04/01/2010

Electronic Signature of Signing Officer or Director

Date