

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007293

Entity Name: SMILEFAITH, INC.**Current Principal Place of Business:**5400 SCHOOL ROAD
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5400 SCHOOL ROAD
NEW PORT RICHEY, FL 34652 US**FEI Number:** 80-0453938**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANE, TOMMIE
3072 WENTWORTH WAY
TARPON SPRINGS, FL 34688 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	LANE, TOMMIE
Address	5400 SCHOOL ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VPD
Name	LANE, CHRISTINE
Address	5400 SCHOOL ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	D
Name	PAULES, SHERRI
Address	5400 SCHOOL ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	HATTEN, BRENT
Address	5400 SCHOOL ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

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: SHERRI PAULES

CEO

01/24/2022

Electronic Signature of Signing Officer/Director Detail_____
Date