

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007293

Entity Name: SMILEFAITH FOUNDATION, INC.**Current Principal Place of Business:**8125 U.S. HWY 19
PORT RICHEY, FL 34668**Current Mailing Address:**5211 U.S. HWY 19
NEW PORT RICHEY, FL 34652**FEI Number: 80-0453938****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANE, TOMMIE
6787 COPPERFIELD DR.
TRINITY, FL 34655 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	6787 COPPERFIELD DR
City-State-Zip:	TRINITY FL 34655

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

Title	D
Name	PAULES, SHERRI
Address	7740 LACHLAN DR
City-State-Zip:	TRINITY FL 34655

Title	D
Name	PIETERSE, WILHELM
Address	10710 WATULA CT.
City-State-Zip:	NEW PORT RICHEY FL 34655

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

Title	D
Name	RODRIGUEZ, IVETTE
Address	9414 LIDO LANE
City-State-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 LANE**PRESIDENT****02/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date