#### SIGNATURE: DAVID R LACH MANAGER

Electronic Signature of Signing Officer/Director Detail

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002127

Entity Name: SMILES FOR HOPE FOUNDATION, INC.

## **Current Principal Place of Business:**

4250 N. ALAFAYA TRAIL SUITE 180 OVIEDO, FL 32765

### **Current Mailing Address:**

4250 N. ALAFAYA TRAIL **SUITE 180 OVIEDO, FL 32765** 

### FEI Number: 27-5555067

### Name and Address of Current Registered Agent:

LACH, DAVID R 4250 N. ALAFAYA TRAIL SUITE 180 OVIEDO, FL 32765 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:	DAVID R LACH			04/29/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	D	
Name	LACH, DAVID RCEO	Name	DAVALOS, BETH MSW	
Address	4250 N. ALAFAYA TRAIL, SUITE 180	Address	1801 TUSKAWILLA ROAD	
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765	
Title	D	Title	D	
Name	MCKENZIE, LINDA	Name	SCOTT, DEREK CPA	
Address	2839 CLAYTON CROSSING WAY	Address	605 E. ROBINSON ST. #522	
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	ORLANDO FL 32801	

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.

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04/29/2015 Date

## FILED Apr 29, 2015 Secretary of State CC5763495040

Certificate of Status Desired: No