

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005956

Entity Name: GIVE BACK A SMILE FOUNDATION INC**Current Principal Place of Business:**7777 DAVIE ROAD EXT
SUITE 105B
PEMBROKE PINES, FL 33024**Current Mailing Address:**7777 DAVIE ROAD EXT
SUITE 105B
PEMBROKE PINES, FL 33024 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FAMEUX, DARLINE
7777 DAVIE ROAD EXT
SUITE 105B
PEMBROKE PINES, FL 33024 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	P
Name	FAMEUX, DARLINE
Address	7777 DAVIE ROAD EXT STE 105B
City-State-Zip:	PEMBROKE PINES FL 33024

Title	VP
Name	CLEOPHAS, KETLY
Address	7777 DAVIE ROAD EXT STE 105B
City-State-Zip:	PEMBROKE PINES FL 33024

Title	TREASURER, SECRETARY
Name	CLEPHAR, EMMANUELLA
Address	7777 DAVIE ROAD EXT STE 105B
City-State-Zip:	PEMBROKE PINES FL 33024

Title	MEMBER
Name	MAURIS, JIMMY
Address	7777 DAVIE ROAD EXT SUITE 105B
City-State-Zip:	PEMBROKE PINES FL 33024

Title	MEMBER
Name	THELUSNORD, ROSIANNE
Address	7777 DAVIE ROAD EXT SUITE 105B
City-State-Zip:	PEMBROKE PINES FL 33024

Title	MEMBER
Name	LOPS, MELINDA
Address	7777 DAVIE ROAD EXT SUITE 105B
City-State-Zip:	PEMBROKE PINES FL 33024

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: DARLINE FAMEUX

P

03/31/2016

Electronic Signature of Signing Officer/Director Detail_____
Date