

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2011
Secretary of State

Entity Name: MELBOURNE MEDICAL MISSION, INC.

Current Principal Place of Business:

1310 W. EAU GALLIE BLVD.
SUITE E
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

3740 TURTLE MOUND ROAD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 26-2934876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B
2200 FRONT STREET, SUITE 301
MELBOURNE, FL 32901 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: D
Name: WILSON, RICHARD C
Address: 1310 W. EAU GALLIE BLVD. E
City-St-Zip: MELBOURNE, FL 32935

Title: D
Name: WILSON, REGINA C
Address: 1310 W. EAU GALLIE BLVD. E
City-St-Zip: MELBOURNE, FL 32935

Title: D
Name: RINEHART, ANN
Address: 1310 W. EAU GALLIE BLVD. E
City-St-Zip: MELBOURNE, FL 32935

Title: D
Name: AMRHEIN, KATHLEEN
Address: 3655 BIG PINE RD.
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: NEMETHY, MARGARET
Address: 7933 TIMBERLAKE DR.
City-St-Zip: W. MELBOURNE, FL 32904

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: RICHARD C. WILSON

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date