Officer/Director Detail :			
Title	D	Title	D
Name	WILSON, RICHARD C	Name	WILSON, REGINA K
Address	1310 W. EAU GALLIE BLVD. E	Address	1310 W. EAU GALLIE BLVD. E
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935
Title Name Address City-State-Zip:	D NEMETHY, MARGARET 7933 TIMBERLAKE DR. W. MELBOURNE FL 32904		
City-State-Zip: Title Name Address	MELBOURNE FL 32935 D NEMETHY, MARGARET 7933 TIMBERLAKE DR.		

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.

# **Current Mailing Address:** 3740 TURTLE MOUND ROAD

MELBOURNE, FL 32934

#### FEI Number: 26-2934876

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WILSON, REGINA K 3740 TURTLE MOUND ROAD MELBOURNE, FL 32934 US

SIGNATURE: REGINA K. WILSON

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 WILSON

Electronic Signature of Signing Officer/Director Detail

## Certificate of Status Desired: No

01/28/2023 Date

FILED Jan 28, 2023 Secretary of State 3086837846CC

> 01/28/2023 Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N0800006434

Entity Name: MELBOURNE MEDICAL MISSION, INC.

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

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