

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006434

Entity Name: MELBOURNE MEDICAL MISSION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

3740 TURTLE MOUND ROAD
MELBOURNE, FL 32934

FEI Number: 26-2934876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, REGINA K
3740 TURTLE MOUND ROAD
MELBOURNE, FL 32934 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: REGINA K. WILSON

01/12/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title D
Name REINHART, ANN
Address 2732 ENGLEWOOD DRIVE
City-State-Zip: MELBOURNE FL 32940

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

Title D
Name NEMETHY, MARGARET
Address 7933 TIMBERLAKE DR.
City-State-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

PRESIDENT

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date