

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006434

**FILED**  
**Jan 27, 2013**  
**Secretary of State**  
**CC3031189839**

**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:**

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

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

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

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**

**01/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date