

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009620

Entity Name: NICARAGUA MEDICAL MISSIONS INC.**Current Principal Place of Business:**401 EAST LAS OLAS BLVD
SUITE 130-443
FORT LAUDERDALE, FL 33301**Current Mailing Address:**401 EAST LAS OLAS BLVD
SUITE 130-443
FORT LAUDERDALE, FL 33301**FEI Number:** 27-0042192**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JEFFRIES, MICHAEL
401 EAST LAS OLAS BLVD 130-443
FORT LAUDERDALE, FL 33301 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:** MICHAEL JEFFRIES

02/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	SCALZITTI, TERRY
Address	401 EAST LAS OLAS BLVD STE 130-443
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	PRESIDENT
Name	JEFFRIES, MICHAEL
Address	2555 NE 11TH STREET APT 609
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	O
Name	SIRKER, NOUR
Address	301 EAST BROWARD BLVD
City-State-Zip:	FORT LAUDERDALE FL 33301

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: MICHAEL JEFFRIES**OFFICER**

02/18/2021

Electronic Signature of Signing Officer/Director Detail

Date