

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003305

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** INTERNATIONAL BREAST MILK PROJECT, INC.

**Current Principal Place of Business:**

2600 14TH AVENUE NW  
ROCHESTER, MN 55901

**New Principal Place of Business:**

3012 THADDEUS RD SW  
ROCHESTER, MN 55902

**Current Mailing Address:**

7515 ESTRELLA CIRCLE  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 20-8711843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICKERSON, AMANDA  
7515 ESTRELLA CIRCLE  
BOCA RATON, FL 33433 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: CHRC  
Name: BROWN, DOMINIQUE  
Address: 280 PARK AVE. SOUTH APT. 7A  
City-St-Zip: NEW YORK, NY 10010

Title: VCH  
Name: YOUSE, JILL  
Address: 510 SOUTH WILLIS AVE  
City-St-Zip: CHAMPAIGN, IL 61821

Title: D  
Name: METZL, ALI  
Address: 145 W. 67TH STREET APT. 40K  
City-St-Zip: NEW YORK, NY 10023

Title: D  
Name: VUYSILE, NKOMO  
Address: 3012 THADDEUS RD SW  
City-St-Zip: ROCHESTER, MN 55902

Title: ED  
Name: NICKERSON, AMANDA  
Address: 7515 ESTRELLA CIRCLE  
City-St-Zip: BOCA RATON, FL 33433

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: AMANDA NICKERSON

ED

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date