

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006791

FILED
Jan 13, 2012
Secretary of State

Entity Name: BOCA COSTA MEDICAL MISSION, INC.

Current Principal Place of Business:

218 LIBERTY LN
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

218 LIBERTY LN
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 45-2643082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, JAMES O
218 LIBERTY LN
MELBOURNE BEACH, FL 32951 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: D
Name: THOMPSON, JAMES O
Address: 218 LIBERTY LN
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D
Name: YURRITA MARTINEZ, MARIA J
Address: 10A. CALLE CASA #8 COLONIA FLOR DEL CAF ZO
City-St-Zip: SUCHITEPEQUEZ GUATEMALA,

Title: D
Name: THOMPSON, DIANNE M
Address: 218 LIBERTY LN
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D
Name: LILJEBERG, PETER M
Address: 183 MCKINLEY ROAD
City-St-Zip: PALATINE BRIDGE, NY 13428

Title: D
Name: CASTILLO GARCIA, ERICK S
Address: SECTOR IAN TARRALES
City-St-Zip: SUCHITEPEQUEZ GUATEMALA,

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: JAMES O. THOMPSON

PRES

01/13/2012

Electronic Signature of Signing Officer or Director

Date