

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005509

Entity Name: PURA VIDA MISSIONS, INC.**Current Principal Place of Business:**536 DRIFTWOOD ROAD
NORTH PALM BEACH, FL 33408**Current Mailing Address:**536 DRIFTWOOD ROAD
NORTH PALM BEACH, FL 33408**FEI Number: 83-0398453****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSSODIVITA, ALBERT
536 DRIFTWOOD ROAD
NORTH PALM BEACH, FL 33408 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	PD
Name	ROSSODIVITA, ALBERT
Address	536 DRIFTWOOD ROAD
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	D
Name	ROBERTS, DAVID
Address	932 SUMMBERBROOD DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	BURNS, DAN
Address	16631 75TH AVENUE NORTH
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	WILLCOX, TIM
Address	2813 CAVAN DRIVE
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	ROORDA, THEODORE III
Address	200 OCEAN TRAIL, #401
City-State-Zip:	JUPITER FL 33477

Title	D
Name	FEEZOR, LANE
Address	145 CALLE EL JARDIN #201
City-State-Zip:	ST AUGUSTINE FL 32095

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: ALBERT ROSSODIVITA**DIRECTOR****01/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date