above, or on an attachment with all other like empowered. DIRECTOR

BLALOCK, EDDIE REV.

27007 COUNTY ROAD 137

rille	D	nue	1/0
Name	SUMRALL, AUSTIN	Name	MEYER, DON
Address	4491 OLD HOMESTEAD ROAD	Address	24415 69TH ROAD
City-State-Zip:	MERIDIAN MS 39301	City-State-Zip:	O'BRIEN FL 32071
Title	S/D	Title	DIRECTOR
nue	3/D	1 do	BIREOFOR
Name	BLALOCK, BETH	Name	OWEN, AL
Address	27007 COUNTY ROAD 137	Address	37174 ALICE STREET
City-State-Zip:	O'BRIEN FL 32071	City-State-Zip:	HILLARD FL 32046
Title	DIRECTOR		
Name	OWEN, SARAH		
	Name Address City-State-Zip: Title Name Address City-State-Zip: Title	NameSUMRALL, AUSTINAddress4491 OLD HOMESTEAD ROADCity-State-Zip:MERIDIAN MS 39301TitleS/DNameBLALOCK, BETHAddress27007 COUNTY ROAD 137City-State-Zip:O'BRIEN FL 32071TitleDIRECTOR	NameSUMRALL, AUSTINNameAddress4491 OLD HOMESTEAD ROADAddressCity-State-Zip:MERIDIAN MS 39301City-State-Zip:TitleS/DTitleNameBLALOCK, BETHNameAddress27007 COUNTY ROAD 137AddressCity-State-Zip:O'BRIEN FL 32071City-State-Zip:TitleDIRECTORState-Zip:

SIGNATURE: PAUL W LUCAS

Officer/Director Detail : P/D

City-State-Zip: O'BRIEN FL 32071

п

Title Name

Titlo

Address

Address

FEI Number: 13-3038201

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LUCAS, PAUL W 28226 CHURCH DRIVE HILLIARD, FL 32046 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.

Title

Titlo

Name

Address City-State-Zip: VP/D

т/п

SUMRALL, CAROL

MERIDIAN MS 39301

4491 OLD HOMESTEAD ROAD

SEA MISSION/CFO

HILLIARD, FL 32046 US

Entity Name: S.E.A. MISSION, INCORPORATED

Current Principal Place of Business:

28226 CHURCH DRIVE HILLIARD, FL 32046

REPORT

Current Mailing Address:

28226 CHURCH DRIVE

DOCUMENT# N15000005193

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

City-State-Zip: HILLARD FL 32046

37174 ALICE STREET

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

SIGNATURE: SARAH OWEN

Electronic Signature of Signing Officer/Director Detail

FILED Jun 05, 2023 Secretary of State 5962717260CC

Certificate of Status Desired: Yes

06/05/2023

06/05/2023 Date

Date