

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005193

**Entity Name:** S.E.A. MISSION, INCORPORATED**Current Principal Place of Business:**27007 COUNTY ROAD 137  
O'BRIEN, FL 32071**Current Mailing Address:**24415 69TH ROAD  
SEA MISSION/CFO  
O'BRIEN, FL 32071 US**FEI Number:** 13-3038201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEYER, DON A  
24415 69TH ROAD  
O'BRIEN, FL 32071 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	P/D
Name	BLALOCK, EDDIE REV.
Address	27007 COUNTY ROAD 137
City-State-Zip:	O'BRIEN FL 32071

Title	VP/D
Name	SUMRALL, CAROL
Address	4491 OLD HOMESTEAD ROAD
City-State-Zip:	MERIDIAN MS 39301

Title	D
Name	SUMRALL, AUSTIN
Address	4491 OLD HOMESTEAD ROAD
City-State-Zip:	MERIDIAN MS 39301

Title	T/D
Name	MEYER, DON
Address	24415 69TH ROAD
City-State-Zip:	O'BRIEN FL 32071

Title	S/D
Name	BLALOCK, BETH
Address	27007 COUNTY ROAD 137
City-State-Zip:	O'BRIEN FL 32071

Title	DIRECTOR
Name	OWEN, AL
Address	37174 ALICE STREET
City-State-Zip:	HILLARD FL 32046

Title	DIRECTOR
Name	OWEN, SARAH
Address	37174 ALICE STREET
City-State-Zip:	HILLARD FL 32046

*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:** DON A MEYER**CFO****01/17/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date