## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002161

FILED May 03, 2010 Secretary of State

Entity Name: SOLUTIONS AIMED AT GROWTH AND EMPOWERMENT FOR SENIORS COALITION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

555 STOCKTON ST.

SUITE 213

JACKSONVILLE, FL 32204 US

Current Mailing Address: New Mailing Address:

555 STOCKTON ST.

SUITE 213

JACKSONVILLE, FL 32204 US

FEI Number: 57-1238891 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SHULMAN, SUSAN J SHULMAN, SUSAN J 8658 ROLLINGBROOK LANE 555 STOCKTON

JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32204 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: SUSAN J. SHULMAN 05/03/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: SHULMAN, SUSAN J Address: 555 STOCKTON ST.

City-St-Zip: JACKSONVILLE, FL 32204 US

Title: P

Name: SHULMAN, SUSAN J Address: 555 STOCKTON ST.

City-St-Zip: JACKSONVILLE, FL 32204 US

Title: S

Name: ROOT, ASHLEY Address: 3563 PHILLIPS HWY.

City-St-Zip: JACKSONVILLE,, FL 32208 US

Title: C

 Name:
 HACKWORTH, HANNAH

 Address:
 4250 LAKESIDE DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32210 US

Title: T

Name: HULTGREN, BRIAN Address: 4250 LAKESIDE DR.

City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP

 Name:
 SHULMAN, GERALD D.

 Address:
 8658 ROLLING BROOK LN.

 City-St-Zip:
 JACKSONVILLE,, FL 32256

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: SUSAN J. SHULMAN DIR. 05/03/2010