

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002161

FILED  
Feb 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

555 STOCKTON ST.  
SUITE 213  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

555 STOCKTON ST.  
SUITE 213  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

**FEI Number:** 57-1238891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHULMAN, SUSAN J  
555 STOCKTON  
JACKSONVILLE, FL 32204 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: SHULMAN, SUSAN J  
Address: 555 STOCKTON ST.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: P  
Name: BLACKWELL, FETTIE D  
Address: 3563 PHILLIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP  
Name: JILL METLIN  
Address: 8825 PERIMETER PARK BLVD STE. 501  
City-St-Zip: JACKSONVILLE,, FL 32257 US

Title: S  
Name: KIMBERLY JOYNER  
Address: 12555 HIDDEN GARDEN DR. W.  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: T  
Name: SUSAN SHULMAN  
Address: 2780 KELSEY PL  
City-St-Zip: JACKSONVILLE, FL 32257 US

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

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date