

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012613

**Entity Name:** MISSION OF RETIREMENT EDUCATION, INC.

**Current Principal Place of Business:**

13241 BARTRAM PARK BLVD., BLDG 900 STE 905  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

13241 BARTRAM PARK BLVD., BLDG 900 STE 905  
JACKSONVILLE, FL 32258 US

**FEI Number:** 85-3827472

**Certificate of Status Desired:** No

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

GLAZIER, GLAZIER & DIETRICH, P.A.  
8833 PERIMETER PARK BLVD., STE. 1002  
JACKSONVILLE, FL 32216 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 DP  
Name HORNE, ROBERT E  
Address 13241 BARTRAM PARK BLVD., BLDG  
900 STE 905  
City-State-Zip: JACKSONVILLE FL 32258

Title DVP  
Name MORRISON, CHRIS  
Address 13241 BARTRAM PARK BLVD., BLDG  
900 STE 905  
City-State-Zip: JACKSONVILLE FL 32258

Title DS  
Name HORNE, APRIL  
Address 13241 BARTRAM PARK BLVD., BLDG  
900 STE 905  
City-State-Zip: JACKSONVILLE FL 32258

Title DAS  
Name MORRISON, REANNA  
Address 13241 BARTRAM PARK BLVD., BLDG  
900 STE 905  
City-State-Zip: JACKSONVILLE FL 32258

*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: ROBERT HORNE**

**PRESIDENT**

**03/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date