

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005017

Entity Name: SENIORS ON A MISSION, INC.**Current Principal Place of Business:**2050 ART MUSEUM DRIVE
STE 102
JACKSONVILLE, FL 32207**Current Mailing Address:**450-106 STATE ROAD 13 N. #185
JACKSONVILLE, FL 32259 US**FEI Number:** 59-3602867**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, PATRICK D
50 N. LAURA STREET
SUITE 1100
JACKSONVILLE, FL 32202 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 FOUNDER
Name HICKOX, JOANNE
Address 1120 HIDEAWAY DR. N.
City-State-Zip: JACKSONVILLE FL 32259

Title BOARD SECRETARY
Name ROBERTS, LARK
Address 77 SAN JUAN AVE.
City-State-Zip: PONTE VEDRA BCH FL 32082

Title FINANCE COMMITTEE CHAIR
Name MCCOY, STEVE REV.
Address 2160 MCCOY CREEK BLVD.
City-State-Zip: JACKSONVILLE FL 32204

Title BOARD CHAIRMEN
Name COLEMAN, PATRICK
Address 50 N. LAURA ST.
SUITE 1100
City-State-Zip: JACKSONVILLE FL 32202

Title BOARD MEMBER
Name BROWN, BENNETT
Address 10611 DEERWOOD PARK BLVD.
City-State-Zip: JACKSONVILLE FL 32256

Title BOARD MEMBER
Name MILNE, DOUG
Address 1912 HAMILTON STREET
SUITE 203
City-State-Zip: JACKSONVILLE FL 32210

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: JOANNE HICKOX**EXECUTIVE DIRECTOR****01/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date