

**2017 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, PRESIDENT
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	2821 GIBSON RD.
City-State-Zip:	JACKSONVILLE FL 32207

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

Title	BOARD MEMBER
Name	BUTLER, LAUREN
Address	76 SOUTH LAURA ST. 23RD FL
City-State-Zip:	JACKSONVILLE FL 32202

Title	BOARD MEMBER
Name	RICKMAN, CHARLES
Address	6367 WITHERINGTON LAKE CT
City-State-Zip:	JACKSONVILLE FL 32258

Title	BOARD MEMBER
Name	GAMBRELL, STACY
Address	10299 RIPPLE RUSH DR. W.
City-State-Zip:	JACKSONVILLE FL 32257

*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

PRESIDENT

02/14/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date