

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N11000005305

Apr 03, 2024

Entity Name: THE SASSY SENIORS & STEPPERS, INC.

**Secretary of State
3060658846CC**

Current Principal Place of Business:

7367 IRONSIDE DR W
JACKSONVILLE, FL 32244

Current Mailing Address:

7367 IRONSIDE DR W
JACKSONVILLE, FL 32244 US

FEI Number: 30-0608045

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAVERS, ANNIE
7367 IRONSIDE DR W
JACKSONVILLE, FL 32244 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: ANNIE SHAVERS

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SHAVERS, ANNIE RUTH
Address 7367 IRONSIDE DR W
City-State-Zip: JACKSONVILLE FL 32244

Title RECRUITING OFFICER
Name DICKERSON, DEBORAH MS.
Address 10643 WILD AZALEA CT
City-State-Zip: JACKSONVILLE FL 32221

Title LIAISON OFFICER
Name WASHINGTON, JIMMIE
Address 1591 SOUTH LANE AVE
City-State-Zip: JACKSONVILLE FL 32210

Title PRESIDENT
Name PERKINS, PAMELA
Address 7807 PLAYSCHOOL LN
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name HAMRICK, THURSETTA
Address 7683 ORTEGA BLUFF
City-State-Zip: JACKSONVILLE FL 32244

Title SENIOR ADVISOR
Name HOOKFIN, LILLIE
Address 2470 GOVERNOR DR S
City-State-Zip: JACKSONVILLE FL 32223

Title 1ST VICE PRESIDENT
Name WILLIAMS, EDITH
Address 15439 SPOTTED STALLION TRAIL
City-State-Zip: JACKSONVILLE FL 32234

Title 2ND VICE PRESIDENT
Name SMITH, ANGELIA
Address 11492 BRAIN LAKES DRIVE
City-State-Zip: JACKSONVILLE FL 32221

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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: ANNIE RUTH SHAVERS

DIRECTOR

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SPIRITUAL ADVISOR
Name POPE, GARINA
Address 8434 MOSS POINTE TRAIL
City-State-Zip: JACKSONVILLE FL 32244

Title EVENT COORDINATOR
Name SCOTT, CHERYL
Address 222 ALFREDO DR. W
City-State-Zip: JACKSONVILLE FL 32244

Title SPIRITUAL ADVISOR
Name POPE, GARINA
Address 8435 MOSS POINTE TRAIL NORTH
City-State-Zip: JACKSONVILLE FL 32244