

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005305

**FILED  
Apr 20, 2017  
Secretary of State  
CC7939414512**

**Entity Name:** THE SASSY SENIORS & STEPPERS, INC.

**Current Principal Place of Business:**

7943 LOCH NESS CT.  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

LOCH NESS CT.  
JACKSONVILLE, FL 32244 US

**FEI Number: 30-0608045**

**Certificate of Status Desired: No**

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

SMITH, ANNIE  
7943 LOCH NESS CT.  
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 SMITH**

**04/20/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, ANNIE R  
Address        7943 LOCH NESS CT.  
City-State-Zip: JACKSONVILLE FL 32244

Title            RECRUITING OFFICER  
Name            DICKERSON, DEBORAH MS.  
Address        2630 JAMMES RD #402  
City-State-Zip: JACKSONVILLE FL 32210

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

Title            SECRETARY  
Name            PERKINS, PAMELA  
Address        6093 MAGGIE'S CIR  
                  107  
City-State-Zip: JACKSONVILLE FL 32244

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

Title            SPIRITUAL ADVISOR  
Name            DUNCAN, MARILYN  
Address        1455 EAST ROSE HILL DR  
City-State-Zip: JACKSONVILLE FL 32221

*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 SMITH**

**REGISTERED AGENT**

**04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date