

John R. Ashcroft Secretary of State
2024-2025 BIENNIAL REGISTRATION REPORT
NONPROFIT

N00715128
Date Filed: 7/8/2024
John R. Ashcroft
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2024

N00715128
The Follow-On Mission
KEITH EDWARD JACKSON
[REDACTED]
CALIFORNIA MO 65018-3548

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 31390 Sunnyside Rd (Required) STREET <u>California MO 65018-3548</u> CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent _____

2 IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address _____

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW	
<u>PRESIDENT</u>	Kinder, Scott STREET [REDACTED] CITY/STATE/ZIP <u>Bradenton FL 34205-8688</u>	<u>NAME</u>	Jackson, Rebecca STREET [REDACTED] CITY/STATE/ZIP <u>California MO 65018-3548</u>
<u>SECRETARY</u>	Hansen, Alicia STREET [REDACTED] CITY/STATE/ZIP <u>De Soto KS 66018-9224</u>	<u>NAME</u>	Jackson, Keith E STREET [REDACTED] CITY/STATE/ZIP <u>California MO 65018-3548</u>
<u>TREASURER</u>	Jackson, Rebecca STREET [REDACTED] CITY/STATE/ZIP <u>California MO 65018-3548</u>	<u>NAME</u>	Hansen, Alicia STREET [REDACTED] CITY/STATE/ZIP <u>De Soto KS 66018-9224</u>
<u>CHAIRMAN</u>	Kinder, Scott STREET [REDACTED] CITY/STATE/ZIP <u>Bradenton FL 34205-8688</u>	<u>NAME</u>	Kinder, Scott STREET [REDACTED] CITY/STATE/ZIP <u>Franklin TN 37064-4450</u>

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *

4 **Authorized party or officer sign here** Rebecca Rae Jackson (Required)

Please print name and title of signer: Rebecca Rae Jackson / Treasurer

NAME TITLE

REGISTRATION REPORT FEE IS:
__ \$20.00 If filed on or before 8/31/2024
__ \$25.00 If filed after 9/30/2024

Corporation will be administratively dissolved if report is not filed by 11/29/2026

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____