FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745980 (3)

1. Corporation Name
SICKLE CELL DISEASE ASSOCIATION OF AMERICA, NORTH EAST FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
1133 IONIA STREET JACKSONVILLE FL 32206	1133 IONIA STREET JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1979
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2582729 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SPATES, L. JEROME
501 EAST BAY STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President PD	☒ Change ☐ Addition
NAME	SPATES, JEROME L	1.2 NAME	Charles B. McIntosh MD.	
STREET ADDRESS	501 EAST BAY STREET	1.3 STREET ADDRESS	4063 Ribault River Ln.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville, Fla 32206	
TITLE	VPD	2.1 TITLE	1st Vice President VP	☒ Change ☐ Addition
NAME	MCINTOSH, CHARLES	2.2 NAME	Sgt. John Mike VP	
STREET ADDRESS	4063 RIBAULT RIVER LN.	2.3 STREET ADDRESS	4512 University Blvd.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	Jacksonville, Fla 32211	
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	FELDER, PATRICIA	3.2 NAME		
STREET ADDRESS	3311 GLADYS STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32209	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	Treasurer TD	☒ Change ☐ Addition
NAME	MIKE, JOHN	4.2 NAME	Benjamin T. Green T	
STREET ADDRESS	4512 UNIVERSITY BLVD.	4.3 STREET ADDRESS	7304 Nate Circle	
CITY-ST-ZIP	JACKSONVILLE FL 32211	4.4 CITY-ST-ZIP	Jacksonville, Fla 32210	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles B. McIntosh Charles B. McIntosh 2-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #