FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 02/19/1979
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 1133 Ionia Street
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, Fl
Zip 24 32206 Country 25 Duval

2a. Mailing Address
26 P.O. Box 4011
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Fl
Zip 29 32201 Country 30 Duval

4. FEI Number: 59-2582729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	11 TITLE D	Executive President	☐ Change ☒ Addition
NAME	MCINTOSH, CHARLES MD		12 NAME	Spates, L. Jerome	
STREET ADDRESS	4063 RIBAULT RIVER LANE		13 STREET ADDRESS	501 East Bay Street	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	Jacksonville, Fl 32202	
TITLE	VP	☒ DELETE	21 TITLE D	Vice President	☐ Change ☒ Addition
NAME	MIKE, JOHN SGT		22 NAME	Jones, Annetta	
STREET ADDRESS	4512 UNIVERSITY BLVD		23 STREET ADDRESS	154 West 28th Street	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	Jacksonville, Fl 32206	
TITLE	VPD	☒ DELETE	31 TITLE D	Secretary	☐ Change ☒ Addition
NAME	FELDER, PATRICIA		32 NAME	Huger, Curlue	
STREET ADDRESS	3311 GLADYS STREET		33 STREET ADDRESS	5341 Santa Rosa Way	
CITY-ST-ZIP	JACKSONVILLE FL 32209		34 CITY-ST-ZIP	Jacksonville, Fl 32211	
TITLE D	TD	☐ DELETE	41 TITLE		☐ Change ☒ Addition
NAME	GREEN, BENJAMIN		42 NAME		
STREET ADDRESS	7304 NATE CIRCLE		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	300001927795	☐ Change ☐ Addition
NAME			62 NAME	-08/20/96--01173--010	
STREET ADDRESS			63 STREET ADDRESS	***61.25	
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Benjamin T. Green — July 24, 1996 — 904 353-5137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05/20/96