2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# 745980

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF AMERICA NORTHEAST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

555 WEST 11TH ST.
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 4011
JACKSONVILLE, FL 32702 US

New Mailing Address:

FEI Number: 59-2582729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPATES, L. JEROME
555 WEST 11TH STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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: L. JEROME SPATES
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	SPATES, JEROME L	
Address:	501 EAST BAY STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	T	( ) Delete
Name:	MCINTOSH, CHARLES B MD	
Address:	4063 RIBAULE RIVER LANE	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	VPD	( ) Delete
Name:	HUGER, CURLUE	
Address:	925 FRANKLIN ST.	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:	TD	( ) Delete
Name:	GREEN, BENJAMIN	
Address:	7304 NATE CIRCLE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	S	( ) Delete
Name:	PORTER, ROMETA	
Address:	7737 LEUDERS AVE	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	(X) Delete
Name:	O'BREIN, WILLIAM	
Address:	1395 AVONDALE AVE	
City-St-Zip:	JACKSONVILLE, FL 32205	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	BM	(X) Change ( ) Addition
Name:	HUGER, CURLUE	
Address:	925 FRANKLIN ST.	
City-St-Zip:	JACKSONVILLE, FL 32206	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. C. B. MCINTOSH T 01/07/2005
Electronic Signature of Signing Officer or Director — Date