2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# 745980

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

Current Principal Place of Business:

4519 BRENTWOOD AVE
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

4519 BRENTWOOD AVE
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-2582729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPATES, L. JEROME
4519 BRENTWOOD AVE
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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: SPATES, JEROME L
Address: 501 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T
Name: MCINTOSH, CHARLES B MD
Address: 4063 RIBAULT RIVER LANE
City-St-Zip: JACKSONVILLE, FL 32208

Title: FS
Name: SMITH, JOSEPH
Address: 1624 W. 29TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD
Name: GREEN, BENJAMIN
Address: 7304 NATE CIRCLE
City-St-Zip: JACKSONVILLE, FL

Title: S
Name: FLOYD, SYLVIA
Address: 7829 GLEN ECHO ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: V
Name: HALL, LORENZO
Address: P.O. BOX 3735
City-St-Zip: JACKSONVILLE, FL 32206

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: CHARLES B. MCINTOSH, M.D. T 01/07/2011

Electronic Signature of Signing Officer or Director Date