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Secretary of State
05-05-2003 92202 001 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745980

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

90127906

Principal Place of Business	Mailing Address
1133 IONA ST JACKSONVILLE, FL 32206 US	P.O BOX 4011 JACKSONVILLE, FL 32702 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
555 West 11th St Suite, Apt. #, etc.	PO Box 4011 Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32206 Country: US	Zip: 32702 Country: US

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPATES, L. JEROME 1133 IONA ST JACKSONVILLE, FL 32202	Name: Spates, L. Jerome Street Address (P.O. Box Number is Not Acceptable): 555 West 11th Street City: Jacksonville, FL Zip Code: 32206

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: L. Jerome Spates DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW. FEE IS $61.25

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SPATES, JEROME L 501 EAST BAY STREET JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCINTOSH, CHARLES B MD 4063 RIBAULE RIVER LANE JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUGER, CURLUE 6341 SANTA ROSA WAY JACKSONVILLE, FL 32211	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Royland, Patricia 925 Franklin St Jax, Fl32206	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREEN, BENJAMIN 7304 NATE CIRCLE JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PORTER, ROMETA 7737 LEUDERS AVE JACKSONVILLE, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BREIN, WILLIAM 1395 AVONDALE AVE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2EC037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles B. McIntosh MD 4-11-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #