2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N03000006924

Entity Name: AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC.

Current Principal Place of Business:

PO BOX 895132
LEESBURG, FL 347895132

New Principal Place of Business:

Current Mailing Address:

PO BOX 895132
LEESBURG, FL 347895132

New Mailing Address:

FEI Number: 56-2374717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REED, JANICE G
504 BATES AVE APT A
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

DENT, ROSEMNARY M
33335 SHAWN DRIVE, APT # 96
LEESBURG, FL 34789 US

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: ROSEMARY M. DENT 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DENT, ROSEMARY
Address: 1222 E MAGNOLIA AVE.
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete
Name: REED, JANICE G
Address: 1222 E MAGNOLIA AVE.
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete
Name: COLEMAN, WILLIE BELL
Address: 1125 MAXEY DR APT A
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DENT, ROSEMARY
Address: 33335 SHAWN DRIVE, APT # 96
City-St-Zip: LEESBURG, FL 34789

Title: D (X) Change ( ) Addition
Name: REED, JANICE G
Address: 33335 SHAWN DR, APT # 96
City-St-Zip: LEESBURG, FL 32789

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: ROSEMARY M. DENT D 04/29/2005
Electronic Signature of Signing Officer or Director Date