

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006924

FILED
Sep 02, 2008
Secretary of State

Entity Name: LUPUS/SICKLE CELL DISEASE OUTREACH OF CENTRAL FL INC.

Current Principal Place of Business:

33335 SHAWN DRIVE
LEESBURG, FL 34788

New Principal Place of Business:

33335 SHAWN DRIVE
97
LEESBURG, FL 34788

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 ()
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:

Name and Address of New Registered Agent:

PEAY, MARY D
1527 HERRING LANE
CLERMONT, FL 34713 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: PEAY, MARY D
Address: 1527 HERRING LANE
City-St-Zip: CLERMONT, FL 34713

Title: D () Delete
Name: KIRNES, MARY L
Address: 1056 BLUEGRASS DR
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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 DENT

D

09/02/2008

Electronic Signature of Signing Officer or Director

Date