


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 745980		
1. Entity Name SICKLE CELL DISEASE ASSOCIATION OF AMERICA NORTHEAST FLORIDA CHAPTER, INC.		

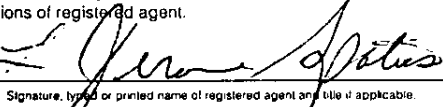
Principal Place of Business 555 WEST 11TH ST. JACKSONVILLE, FL 32206 US	Mailing Address 555 WEST 11TH ST. JACKSONVILLE, FL 32206 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

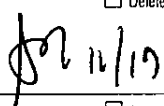
6. Name and Address of Current Registered Agent SPATES, L. JEROME 555 WEST 11TH STREET JACKSONVILLE, FL 32206	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

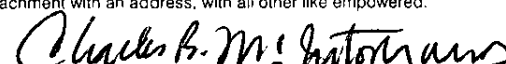
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice president Kenneth Reddick 3753 Jacob Cove way Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCINTOSH, CHARLES B MD 4063 RIBAULE RIVER LANE JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4063 Ribault River Lane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HUGER, CURLUE 925 FRANKLIN ST. JACKSONVILLE, FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeery Hinton Sr. 2359 Covington creek circle E Jacksonville, Florida 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, BENJAMIN 7304 NATE CIRCLE JACKSONVILLE, FL  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081576503 11/07/06--01016--001 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, ROMETA 7737 LEUDERS AVE JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  11-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
06 NOV 20 AM 11:31
CLERK OF STATE
TALLAHASSEE, FLORIDA



10242006 REIN:NP CR2E099 (11/05) 016