
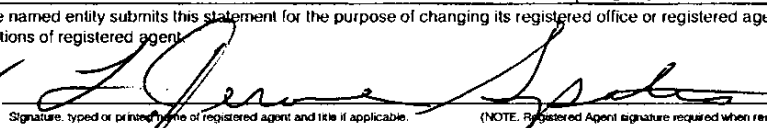
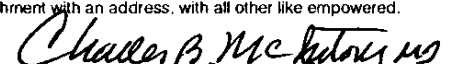


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90044 039 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 4519 Brentwood Ave Suite, Apt. #, etc. Jacksonville, FL 32206		3. Mailing Address 4519 Brentwood Ave Suite, Apt. #, etc. JACKSONVILLE, FL 32206			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-2582729	
Zip 32206		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPATES, L. JEROME 555 WEST 11TH STREET JACKSONVILLE, FL 32206			7. Name and Address of New Registered Agent Name SPATES, JEROME L. Street Address (P.O. Box Number is Not Acceptable) 4519 Brentwood Ave - 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: 					
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCINTOSH, CHARLES B MD 4063 RIBAUT RIVER LANE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS SMITH, JOSEPH 1624 W. 29TH STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete			
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	S FLOYD, SYLVIA 7829 GLEN ECHO ROAD JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, LORENZO P.O. BOX 3735 JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Charles B. McIntosh, M.D. 904-764-4161					
3/18/08 Date Daytime Phone #					