

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745980

FILED
Apr 20, 2009
Secretary of State

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

Current Principal Place of Business:

4519 BRENTWOOD AVE
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

4519 BRENTWOOD AVE
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-2582729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPATES, L. JEROME
4519 BRENTWOOD AVE
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: SPATES, JEROME L
Address: 501 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: MCINTOSH, CHARLES B MD
Address: 4063 RIBAUT RIVER LANE
City-St-Zip: JACKSONVILLE, FL 32208

Title: FS () Delete
Name: SMITH, JOSEPH
Address: 1624 W. 29TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: GREEN, BENJAMIN
Address: 7304 NATE CIRCLE
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: FLOYD, SYLVIA
Address: 7829 GLEN ECHO ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: V () Delete
Name: HALL, LORENZO
Address: P.O. BOX 3735
City-St-Zip: JACKSONVILLE, FL 32206

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:

Title: () Change () Addition
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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: L. JEROME SPATES

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date