FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 15 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760047 (1)

1. Corporation Name

IRON OVERLOAD DISEASES (IOD) ASSOCIATION (INC.)

Principal Place of Business	Mailing Address
433 WESTWIND DR N PALM BEACH FL 33408-2123	433 WESTWIND DR N PALM BEACH FL 33408-2123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1981
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2127699 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRAWFORD, ROBERTA
433 WESTWIND DR
N PALM BEACH FL 33408-2123

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roberta Crawford 1-16-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Secretary ☐ Change ☑ Addition
NAME	CRAWFORD, ROBERTA	1.2 NAME	Rose Sherman, RN EdD
STREET ADDRESS	433 WESTWIND DR	1.3 STREET ADDRESS	102 Coventry Place
CITY-ST-ZIP	N PALM BCH FL	1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	HYLAND, LOUISE	2.2 NAME	
STREET ADDRESS	104 PARADISE HARBOR BL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. PALM BCH, FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☒ Change ☐ Addition
NAME	BARFIELD, STEPHEN	3.2 NAME	901 Ballard St Apt G
STREET ADDRESS	~~946 H LAKE DESTINY DR~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	3.4 CITY-ST-ZIP	Altamonte Springs FL 32701
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	2-6-95 Roberta Crawford	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roberta Crawford, Pres. 1-16-95 407-840-8512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040240