

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90003 018 ****61.25

DOCUMENT # 760047

1. Entity Name

**IRON OVERLOAD DISEASES (IOD) ASSOCIATION
(INC.)**



Principal Place of Business

433 WESTWIND DR
N PALM BEACH FL 33408-5123
US

Mailing Address

433 WESTWIND DR
NORTH PALM BEACH FL 33408-5123

2. Principal Place of Business

433 Westwind Dr.

Suite, Apt. #, etc.

3. Mailing Address

433 Westwind Dr.

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

USA

City & State

North Palm Beach, FL

Zip

33408

Country

USA

4. FEI Number

59-2127699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/06)



6. Name and Address of Current Registered Agent

CRAWFORD, ROBERTA
433 WESTWIND DR
NORTH PALM BEACH FL 33408-5123

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

Roberta Crawford, Pres Roberta Crawford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when naming)

Aug. 14, 2006

DATE

FILE NOW FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRAWFORD, ROBERTA
STREET ADDRESS 433 WESTWIND DR
CITY-ST-ZIP N PALM BCH FL ☐ Delete

TITLE VPD
NAME BARFIELD, STEPHEN
STREET ADDRESS 525 MAYFLOWER RD
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

TITLE T
NAME ALLEN, GENEVA
STREET ADDRESS 3820 OAKVIEW DRIVE
CITY-ST-ZIP RICHMOND IN 47374-3617 ☐ Delete

TITLE S
NAME HODES, PHILIP
STREET ADDRESS 901 LAKESHORE DR #208
CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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: Roberta Crawford-Pres

Roberta Crawford 8/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-586-8246

Date

Daytime Phone #