

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90015 028 ****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 - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2127699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Stephen BARFIELD ☒ Change ☐ Addition
NAME
STREET ADDRESS 525 Mayflower Rd. Pres
CITY-ST-ZIP West Palm Beach, FL 33405

TITLE ALAN BRITT VP ☒ Change ☐ Addition
NAME
STREET ADDRESS 233 Northway Rd.
CITY-ST-ZIP Reisterstown MD 21136

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

TITLE ROBERTA CRAWFORD ☒ Change ☐ Addition
NAME
STREET ADDRESS 433 Westwind Dr. SEC
CITY-ST-ZIP North Palm Beach, FL 33408

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Stephen Barfield President 3/17/07 561-586-8246