

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760047

FILED
Jul 18, 2008
Secretary of State

Entity Name: IRON OVERLOAD DISEASES (IOD) ASSOCIATION (INC.)

Current Principal Place of Business:

433 WESTWIND DR
N PALM BEACH, FL 334085123 US

New Principal Place of Business:

Current Mailing Address:

433 WESTWIND DR
NORTH PALM BEACH, FL 334085123

New Mailing Address:

FEI Number: 59-2127699 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CRAWFORD, ROBERTA
433 WESTWIND DR
NORTH PALM BEACH, FL 334085123 US

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: S () Delete
Name: CRAWFORD, ROBERTA,
Address: 433 WESTWIND DR
City-St-Zip: N PALM BCH, FL

Title: P () Delete
Name: BARFIELD, STEPHEN
Address: 525 MAYFLOWER RD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T () Delete
Name: ALLEN, GENEVA
Address: 3820 OAKVIEW DRIVE
City-St-Zip: RICHMOND, IN 473743617

Title: V () Delete
Name: BRITT, ALAN
Address: 233 NORTHWAY RD
City-St-Zip: REISTERSTOWN, MD 21136

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
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: STEPHEN BARFIELD

VP

07/18/2008

Electronic Signature of Signing Officer or Director

Date