


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90136 001 ****61.25
 04-14-2005 90136 002 *****8.75

DOCUMENT # N00000006534					
1. Entity Name MARION COUNTY SICKLE CELL DISEASE ASSOCIATION INC.					
Principal Place of Business 718 N.W. 7TH STREET OCALA, FL 34475			Mailing Address P.O. BOX 507 OCALA, FL 34478		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3335336	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIXON-JONES, MARIE 718 N.W. 7TH STREET OCALA, FL 34475			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON-JONES, MARIE Y		NAME		
STREET ADDRESS	1520 NW 17TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTLEDGE, MARY		NAME	<i>VD Linda Fields</i>	
STREET ADDRESS	P.O. BOX 369		STREET ADDRESS	<i>216 NW 10th Avenue</i>	
CITY-ST-ZIP	LOWELL, FL 32663		CITY-ST-ZIP	<i>OCALA FL 34475</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KYLER, BIRTHA		NAME	<i>SD Diana Long</i>	
STREET ADDRESS	2521 NW 2ND STREET		STREET ADDRESS	<i>2909 NE 18th Avenue</i>	
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP	<i>OCALA FL 34479</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THROWER, GLORIA		NAME		
STREET ADDRESS	2453 SE 73RD STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUNCIL, VALERIE		NAME		
STREET ADDRESS	1501 NW 18TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KYLER, BIRTHA		NAME		
STREET ADDRESS	2521 NW 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Marie Dixon-Jones</i>			SIGNATURE: <i>Marie Dixon-Jones</i>		Date: <i>4/06/05</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>		<small>Daytime Phone #</small>



03252005 Chg-NP CR2E037 (10/03)