

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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**



03212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3335336** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIXON-JONES, MARIE
718 N.W. 7TH STREET
OCALA, FL 34475**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIXON-JONES, MARIE Y
STREET ADDRESS 1520 NW 17TH AVE
CITY-ST-ZIP Ocala, FL 34475

TITLE VD
NAME FIELDS, LINDA
STREET ADDRESS 216 NW 10TH AVE
CITY-ST-ZIP Ocala, FL 34475

TITLE SD
NAME LONG, DIANA
STREET ADDRESS 2909 NE 18TH AVE
CITY-ST-ZIP Ocala, FL 34479

TITLE TD
NAME THROWER, GLORIA
STREET ADDRESS 2453 SE 73RD STREET
CITY-ST-ZIP Ocala, FL 34480

TITLE SD
NAME COUNCIL, VALERIE
STREET ADDRESS 1501 NW 18TH AVE
CITY-ST-ZIP Ocala, FL 34475

TITLE D
NAME KYLER, BIRTHA
STREET ADDRESS 2521 NW 2ND STREET
CITY-ST-ZIP Ocala, FL 34475

U00000515770
04/29/06-80220-018 70.00

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IN THIS SPACE**

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: *Marie Dixon-Jones* **Marie Dixon-Jones** 4/05/06 353-638-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone