


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90051 023 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3335336	
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, 2007		9. Election Campaign Financing <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	NAME DIXON-JONES, MARIE Y	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1520 NW 17TH AVE			NAME		
CITY-ST-ZIP Ocala, FL 34475			STREET ADDRESS		
TITLE VD	NAME FIELDS, LINDA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 216 NW 10TH AVE			NAME		
CITY-ST-ZIP Ocala, FL 34475			STREET ADDRESS		
TITLE SD	NAME LONG, DIANA	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2909 NE 18TH AVE			NAME Margaret Tate		
CITY-ST-ZIP Ocala, FL 34479			STREET ADDRESS P.O. Box 654		
TITLE TD	NAME THROWER, GLORIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2453 SE 73RD STREET			NAME		
CITY-ST-ZIP Ocala, FL 34480			STREET ADDRESS		
TITLE SD	NAME COUNCIL, VALERIE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1501 NW 18TH AVE			NAME		
CITY-ST-ZIP Ocala, FL 34475			STREET ADDRESS		
TITLE D	NAME KYLER, BIRTHA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2521 NW 2ND STREET			NAME		
CITY-ST-ZIP Ocala, FL 34475			STREET ADDRESS		
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: <i>Marie Dixon Jones</i>			4-20-07 352-629-5040		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		