

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006534

FILED
Apr 25, 2009
Secretary of State

Entity Name: MARION COUNTY SICKLE CELL DISEASE ASSOCIATION INC.

Current Principal Place of Business:

718 N.W. 7TH STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 507
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3335336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PD () Delete
Name: DIXON-JONES, MARIE Y
Address: 1520 NW 17TH AVE
City-St-Zip: Ocala, FL 34475

Title: VD () Delete
Name: OGLESBY, PATRICIA
Address: 2383 SE 73RD ST
City-St-Zip: Ocala, FL 34480

Title: TD () Delete
Name: THROWER, GLORIA
Address: 2453 SE 73RD STREET
City-St-Zip: Ocala, FL 34480

Title: SD () Delete
Name: TATE, MARGARET
Address: P.O. BOX 654
City-St-Zip: REDDICK, FL 34490

Title: D () Delete
Name: KYLER, BIRTHA
Address: 2521 NW 2ND STREET
City-St-Zip: Ocala, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WALKER, BETTYE
Address: 2380 SW 7TH STREET
City-St-Zip: Ocala, FL 34471

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: MARIE Y. DIXON-JONES

PD

04/25/2009

Electronic Signature of Signing Officer or Director

Date