

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006534

FILED
Aug 26, 2012
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
Name: DIXON-JONES, MARIE Y
Address: 1520 NW 17TH AVE
City-St-Zip: Ocala, FL 34475

Title: VD
Name: RICH, MARY S
Address: 1802 NW 24TH COURT
City-St-Zip: Ocala, FL 34475

Title: FS
Name: COUNCIL, VALERIE
Address: 1501 NW 18TH AVENUE
City-St-Zip: Ocala, FL 34475

Title: SD
Name: SMILEY, JOAN
Address: P.O. BOX 53
City-St-Zip: SILVER SPRINGS, FL 34489

Title: T
Name: RICH, KRYSIA
Address: 1806 NW 24TH COURT
City-St-Zip: Ocala, FL 34475

I hereby 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 all other like empowered.

SIGNATURE: MARIE DIXON-JONES

PD

08/26/2012

Electronic Signature of Signing Officer or Director

Date