

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17210 (8)**

1. Corporation Name

**SICKLE CELL DISEASE ASSOCIATION OF AMERICA / VOLUSIA COUNTY CHAPTER, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 9083  
DAYTONA BEACH FL 32120-9083

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DAYTONA BEACH FL 32120-9083

3. Date Incorporated or Qualified **10/09/1986** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business  
**21 111 Bethune Village**

2a. Mailing Address

4. FEI Number **59-2652847** Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State  
**23 Daytona Beach, Florida**

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**24 32114**

**25 Volusia**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWE, JOAN M**  
**520 N RIDGEWOOD AVE**  
**DAYTONA BEACH FL 32114**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD WILLIAMS, LILLIAN**  
STREET ADDRESS **418 FLETCHER AVE.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE  
NAME **VD DESMORE, CLAYTON**  
STREET ADDRESS **521 HEINEMAN ST.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE  
NAME **RSD LEWIS, SHARON**  
STREET ADDRESS **213 COLLEGE PARK DR.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE  
NAME **SD DURIAS, BARBARA**  
STREET ADDRESS **707 HEINEMAN ST.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE  
NAME **TD YOUNG, ANNE**  
STREET ADDRESS **1071 AMANDA RD.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE  
NAME **CHD BRINKLEY, REV. CARL**  
STREET ADDRESS **200 LIVE OAK AVENUE**  
CITY-ST-ZIP **ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **VD Durias, Rickey**  
2.3 STREET ADDRESS **1015 Libby Court**  
2.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Lillian M. Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)