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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N17210 (8)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**111 BETHUNE VILLAGE
DAYTONA BEACH FL 32114
US****P.O. BOX 9083
DAYTONA BEACH FL 32120-9083**

3. Date Incorporated or Qualified

10/09/1986

3a. Date of Last Report

04/11/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WILLIAMS, LILLIAN**
STREET ADDRESS **418 FLETCHER AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE
NAME **DURIAS, RICKEY**
STREET ADDRESS **1015 LIBBY COURT**
CITY-ST-ZIP **DAYTONA BEACH FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **RSD** ☐ DELETE
NAME **LEWIS, SHARON**
STREET ADDRESS **213 COLLEGE PARK DR.**
CITY-ST-ZIP **DAYTONA BEACH FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE
NAME **DURIAS, BARBARA**
STREET ADDRESS **707 HEINEMAN ST.**
CITY-ST-ZIP **DAYTONA BEACH FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **TD** ☐ DELETE
NAME **YOUNG, ANNE**
STREET ADDRESS **1071 AMANDA RD.**
CITY-ST-ZIP **DAYTONA BEACH FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **CHD** ☐ DELETE
NAME **BRINKLEY, REV. CARL**
STREET ADDRESS **200 LIVE OAK AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL**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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #00002471

CR2E037 (9/96)