

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90020 004 ****61.25

DOCUMENT # N17210

1. Corporation Name

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

Principal Place of Business

111 BETHUNE VILLAGE
DAYTONA BEACH FL 32114
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/09/1986

4. FEI Number

59-2652847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LILLIAN	
STREET ADDRESS	418 FLETCHER AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DURIAS, RICKEY	
STREET ADDRESS	1015 LIBBY COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	RSD	<input type="checkbox"/> DELETE
NAME	LEWIS, SHARON	
STREET ADDRESS	213 COLLEGE PARK DR.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DURIAS, BARBARA	
STREET ADDRESS	707 HEINEMAN ST.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, ANNE	
STREET ADDRESS	1071 AMANDA RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	CHD	<input type="checkbox"/> DELETE
NAME	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Lillian Williams* SIGNATURE REQUIRED: *Lillian Williams* Director 3/25/99 (904) 258-560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)