


FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90039 008 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N17210			
1. Entity Name SICKLE CELL DISEASE ASSOCIATION OF AMERICA / VOLUSIA 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 240 N. FREDERICK AVE. Suite, Apt. #, etc. SUITES D & E City & State DAYTONA BEACH, FL Zip 32114		3. Mailing Address P.O. BOX 9083 Suite, Apt. #, etc. City & State DAYTONA BEACH, FL Zip 32120-9083	
03172004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2652847		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LOWE, JOAN M 520 N RIDGEWOOD AVE DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, LILLIAN 418 FLETCHER AVE. DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORT, WILLIE 75 SPRING MEADOWS DRIVE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD LEWIS, SHARON 213 COLLEGE PARK DR. DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, CATHERINE 1053 CONTINENTAL DRIVE DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, ANNE 1071 AMANDA RD. DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD CLARK, REV. GEORGE 551 NORTH LINCOLN STREET DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Lillian M. Williams</i>		3/17/04 (386) 258-5605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	