

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17210

FILED  
Feb 19, 2007  
Secretary of State

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

**Current Principal Place of Business:**

714 DR MARY MCLEOD BETHUNE BLVD  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

714 DR. MARY MCLEOD BETHUNE BLVD  
DAYTONA BEACH, FL 32114 US

**Current Mailing Address:**

P.O. BOX 9083  
DAYTONA BEACH, FL 321209083

**New Mailing Address:**

P.O. BOX 9083  
DAYTONA BEACH, FL 32120

**FEI Number:** 59-2652847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ANTHONY, JOAN M  
520 N RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114 US

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: JOAN M. ANTHONY

02/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, LILLIAN,  
Address: 418 FLETCHER AVE.  
City-St-Zip: DAYTONA BEACH, FL

Title: VD ( ) Delete  
Name: FORT, WILLIE  
Address: 75 SPRING MEADOWS DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: RSD ( ) Delete  
Name: LEWIS, SHARON,  
Address: 213 COLLEGE PARK DR.  
City-St-Zip: DAYTONA BEACH, FL

Title: SD ( ) Delete  
Name: MOORE, CATHERINE  
Address: 1053 CONTINENTAL DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: TD ( ) Delete  
Name: YOUNG, ANNE,  
Address: 1071 AMANDA RD.  
City-St-Zip: DAYTONA BEACH, FL

Title: CHD ( ) Delete  
Name: CLARK, REV. GEORGE  
Address: 551 NORTH LINCOLN STREET  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LILLIAN M. WILLIAMS

PD

02/19/2007

Electronic Signature of Signing Officer or Director

Date