

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17210

FILED  
Mar 25, 2008  
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:**

**Current Mailing Address:**

P.O. BOX 9083  
DAYTONA BEACH, FL 32120

**New Mailing Address:**

**FEI Number:** 59-2652847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

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: VD (X) Change ( ) Addition  
Name: THORPE, ANDREA  
Address: 930 N. LAKEWOOD TERRACE  
City-St-Zip: PORT ORANGE, FL 32127

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

Title: SD (X) Change ( ) Addition  
Name: WILLIAMS, TONI  
Address: 418 FLETCHER AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

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 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 WILLIAMS

PD

03/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date