

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17210

FILED
Apr 18, 2012
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
847 ORANGE AVENUE
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
Name: WILLIAMS, LILLIAN M
Address: 418 FLETCHER AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: RSD
Name: LEWIS, SHARON
Address: 213 COLLEGE PARK DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD
Name: WILLIAMS, TONI
Address: 418 FLETCHER AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD
Name: JONES, FLORENCE
Address: 800 HARRINGTON STREET
City-St-Zip: DAYTONA BEACH, FL 32114

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

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN WILLIAMS

PD

04/18/2012

Electronic Signature of Signing Officer or Director

Date