SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $196 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000978 (7)**

1. Corporation Name
SICKLE CELL DISEASE ASSOCIATION OF NORTH CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PEABODY HALL - 205 GAINESVILLE FL 32611 US	PEABODY HALL - 205 GAINESVILLE FL 32611 US

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-3141317 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMMONS, WILLIAM
PEABODY HALL - 205
GAINESVILLE FL 32611

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, WILLIAM	1.2 NAME		
STREET ADDRESS	141 CASTLE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, MARY	2.2 NAME		
STREET ADDRESS	2212 N.E. 7TH AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, SANDRA	3.2 NAME		
STREET ADDRESS	535 N.W. 26TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	JENKINS, CORA	4.2 NAME	JOY WEST	
STREET ADDRESS	5326 N.W. 2ND AVENUE	4.3 STREET ADDRESS	706 FOREST GLEN DRIVE #11	
CITY-ST-ZIP	GAINESVILLE FL 32607	4.4 CITY-ST-ZIP	PALATKA, FL. 32177	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	MACKEY, DELL	5.2 NAME		
STREET ADDRESS	2323 S.W. 35TH PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	MACKEY, ROGER	6.2 NAME		
STREET ADDRESS	2323 S.W. 35TH PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: William Simmons - WILLIAM SIMMONS 6/13/95 (904)392-1261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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