


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000000978		
1. Entity Name SICKLE CELL DISEASE ASSOCIATION OF NORTH CENTRAL FLORIDA, INC.		
Principal Place of Business 1701 SW 16TH AVE, BLDG B GAINESVILLE, FL 32603 US	Mailing Address P.O. BOX 1262 GAINESVILLE, FL 32602	



03282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3141317	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 WASHINGTON, GLORIA K 27723 NW CR 241 ALACHUA, FL 32615	DO NOT WRITE IN THIS SPACE
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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, PAMLAMIA 1530 NW 2ND AVE HIGH SPRINGS, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, MARY 2212 N.E. 7TH AVENUE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JENNIE 3826 NE 13TH DR GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHINGTON, GLORIA 27723 NW CR 241 ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/07-80061-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gloria K. Washington Gloria K. Washington 3-30-07 352 278-1087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #