

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**

FILED

**Apr 02, 2008 08:00 AM
Secretary of State**



01302008 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 ☐

**\$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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000878383
04/14/08-80054-002 61.25

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

278-
352-298-1087