

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000978

FILED
Apr 24, 2009
Secretary of State

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1701 SW 16TH AVE, BLDG B
GAINESVILLE, FL 32603 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1262
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-3141317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, GLORIA K
27723 NW CR 241
ALACHUA, FL 32615 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: P () Delete
Name: SIMMONS, PAMLAMIA
Address: 1530 NW 2ND AVE
City-St-Zip: HIGH SPRINGS, FL 32615

Title: T () Delete
Name: LEWIS, MARY
Address: 2212 N.E. 7TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: S () Delete
Name: WILLIAMS, JENNIE
Address: 3826 NE 13TH DR
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: WASHINGTON, GLORIA
Address: 27723 NW CR 241
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMSON, INGRID
Address: P.O. BOX 1262
City-St-Zip: GAINESVILLE, FL 32602

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

Title: S (X) Change () Addition
Name: HOWARD, ANGELA
Address: 10396 NW 193RD STREET
City-St-Zip: MICANOPY, FL 32667

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: GLORIA K. WASHINGTON

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date