

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000978

FILED  
Feb 22, 2010  
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  
Name: SHEPPARD, MURRVIN  
Address: 10396 NW 193RD STREET  
City-St-Zip: MICANOPY, FL 32667

Title: VP  
Name: LATSON, LARRY  
Address: 308 NW 5TH STREET  
City-St-Zip: MICANOPY, FL 32667

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

Title: T  
Name: REED, MYREETA  
Address: P.O BOX 1262  
City-St-Zip: GAINESVILLE, FL 32602

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

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: ANGELA HOWARD

SECT

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date