

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000978

FILED
Jan 06, 2011
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:

SHEPPARD, MURRVIN
10396 NW 193RD STREET
MICANOPY, FL 32667 US

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: MURRVIN SHEPPARD

01/06/2011

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: KELLY, BETTIE
Address: 5931 NW 27TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

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

01/06/2011

Electronic Signature of Signing Officer or Director

Date