

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000978

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

FILED
Sep 16, 2016
Secretary of State
CC0063602144

Current Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 141205
GAINESVILLE, FL 32614 US

FEI Number: 59-3141317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWARD, ANGELA R
10433 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: ANGELA R HOWARD

09/16/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name HOWARD, ANGELA R
Address P.O. BOX 691
City-State-Zip: MICANOPY FL 32667

Title VP
Name JACKSON, LA TOYA
Address 4129 E BUSCH BLVD APT #8
City-State-Zip: TAMPA FL 33617

Title S
Name AARON, DELMA S
Address 2414 NE 5TH PLACE
City-State-Zip: GAINESVILLE FL 32641

Title T
Name MCCRAY, TAMESHIA L
Address 17730 SE 26TH STREET
City-State-Zip: MICANOPY FL 32667

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 R. HOWARD

PRESIDENT

09/16/2016

Electronic Signature of Signing Officer/Director Detail

Date