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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723075 (8)

1. Corporation Name

SICKLE CELL DISEASE ASSOCIATION OF AMERICA, ST.
PETERSBURG, CHAPTER, INC.

Principal Place of Business

Mailing Address

1409 28TH AVENUE SOUTH
P.O. 14141
ST PETERSBURG FL 337051409 28TH AVENUE SOUTH
P.O. 14141
ST PETERSBURG FL 33705-34453. Date Incorporated or Qualified
04/05/19723a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1846404Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPH, MARY
1409 28TH AVENUE SOUTH
ST PETERSBURG FL 33705

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MURPH, MARY
STREET ADDRESS 1409 28TH AVE. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME MCDONALD, BOBBY
STREET ADDRESS 833 58TH AVE S.
CITY-ST-ZIP ST. PETERSBURG FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME LOVE, LULA
STREET ADDRESS 828 62 PL SOUTH
CITY-ST-ZIP ST. PETERSBURG FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE RSD ☐ DELETE
NAME DAVIS, LOUISE V.
STREET ADDRESS 4601 HYACINTH WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KIRNES, BESSIE
STREET ADDRESS 991 26TH AVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE FSD ☐ DELETE
NAME EVA MAY
STREET ADDRESS 1525 27TH AVE S
CITY-ST-ZIP ST. PETERSBURG FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050115

CR2E037 (9/96)