2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 723075

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

Principal Place of Business	Mailing Address
1111-18TH AVE SO C-4 SAINT PETERSBURG, FL 33705	1409 28TH AVENUE SOUTH P.O. 14141 ST PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE

02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1846404
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPH, MARY
STREET ADDRESS	1409 28TH AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	VPD
NAME	POOLE, CAROLYN
STREET ADDRESS	2554 38TH ST SO.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711
TITLE	T
NAME	LOVE, LULA
STREET ADDRESS	828 62 PL SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	RSD
NAME	DAVIS, LOUISE V.
STREET ADDRESS	2445 64TH AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	D
NAME	KIRNES, BESSIE
STREET ADDRESS	991 26TH AVE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	FSD
NAME	HERRING, ANNA
STREET ADDRESS	3575 30TH AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711

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03/10/04-80073-022 70.00

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Murph - Mary Murph _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR