2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90057 004 ****70.00

DOCUMENT # 723075

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

50030347

Principal Place of Business	Mailing Address
~~1111 18TH AVE SO~~ 1344 - 22nd St. So. ~~St~~	1409 28TH AVENUE SOUTH P.O. 14141
SAINT PETERSBURG, FL ~~33705~~ 33712	ST PETERSBURG, FL 33705

02092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1344 - 22nd Street So.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State
Zip: ~~FL~~ 33712 Country: USA	Zip: 33712 Country

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	7. Name and Address of New Registered Agent
MURPH, MARY 1409 28TH AVENUE SOUTH ST PETERSBURG, FL 33705	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Mary Murph

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURPH, MARY 1409 28TH AVE. SOUTH ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD POOLE, CAROLYN 2554 38TH ST SO. SAINT PETERSBURG, FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOVE, LULA 828 62 PL SOUTH ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD DAVIS, LOUISE V. 2445 64TH AVENUE SOUTH SAINT PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRNES, BESSIE 991 26TH AVE SOUTH ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD HERRING, ANNA 3575 30TH AVENUE SOUTH SAINT PETERSBURG, FL 33711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kredelle Dendy 1128 Pinellas Pt. Dr. So. St. Petersburg, FL 33705 ☐ Change ☒ Addition

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 3/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #