

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91096 035 ****70.00

DOCUMENT # 723075

1. Entity Name

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



Principal Place of Business

**1111-18TH AVE SO
C-4
SAINT PETERSBURG FL 33705**

Mailing Address

**1409 28TH AVENUE SOUTH
P.O. 14141
ST PETERSBURG FL 33705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

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

(NOTE: Registered Agent signature required when reinstating)

3/11/03

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **MURPH, MARY**
STREET ADDRESS **1409 28TH AVE. SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **POOLE, CAROLYN**
STREET ADDRESS **2554 38TH ST SO.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **LOVE, LULA**
STREET ADDRESS **828 62 PL SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RSD** ☐ Delete
NAME **DAVIS, LOUISE V.**
STREET ADDRESS **2445 64TH AVENUE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KIRNES, BESSIE**
STREET ADDRESS **991 26TH AVE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FSD** ☐ Delete
NAME **HERRING, ANNA**
STREET ADDRESS **3575 30TH AVENUE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/11/03

727-896-2255

CR2E037 (10/02)