FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:49

DOCUMENT # 740702 (6)

1. Corporation Name
SICKLE CELL DISEASE ASSOCIATION OF ESCAMBIA COUN TY, INC.

Principal Place of Business	Mailing Address
2406 N 12TH AVE POB 9132 PENSACOLA FL 32513	2406 N 12TH AVE POB 9132 PENSACOLA FL 32513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1977
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1780377 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARDY, BONNIE
3010 N. 14TH AVE.
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name: TERRY YOUNG ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 7480 HARVEST VILLAGE COURT
83
84 City: NAVARRE FL 85 Zip Code: 32566

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Terry Y. Robinson — 1-23-95
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	1.1 TITLE	☐ Change ☑ Addition
NAME	ROBINSON, TERRY	1.2 NAME	CLIENT SERVICES
STREET ADDRESS	2406 N 12TH AVE #C	1.3 STREET ADDRESS	RHODA FOUNTAIN
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	6704 BELLVIEW PINES PLACE PENSACOLA, FL 32526
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HOUSE, HATTIE	2.2 NAME	
STREET ADDRESS	6371 HEARTPINE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, PATRICIA	3.2 NAME	
STREET ADDRESS	7601 N. 9TH AVE. APT 249	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, BONNIE	4.2 NAME	
STREET ADDRESS	3010 N 14TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	LEE, DAVEY	5.2 NAME	
STREET ADDRESS	405 LADYBIRD LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	CLICK, KAREN	6.2 NAME	
STREET ADDRESS	2027 DESERT DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added to the document with an indication.

SIGNATURE: Terry Young Robinson — TERRY YOUNG ROBINSON — 1-23-95 — (904)434-6092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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