**FILE NOW: FILING FEE IS $61.25**

FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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<br>POB 9132<br>PENSACOLA FL 32513 | 2406 N 12TH AVE<br>POB 9132<br>PENSACOLA FL 32513-9132 |

3. Date Incorporated or Qualified: **11/04/1977**
3a. Date of Last Report: **02/26/1996**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

ROBINSON, TERRY Y
7480 HARVEST VILLAGE COURT
NAVARRE FL 32566

**10. Name and Address of New Registered Agent**

81 Name: HATTIE M. HOUSE
82 Street Address (P.O. Box Number is Not Acceptable): 6371 HEARTPINE DR.
83
84 City: PENSACOLA FL 85 Zip Code: 32504

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: Hattie M. House
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 | 1.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | ROBINSON, TERRY | | 1.2 NAME | HATTIE M. HOUSE | |
| STREET ADDRESS | 2406 N 12TH AVE #C | | 1.3 STREET ADDRESS | 6371 HEARTPINE DR | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | | 1.4 CITY-ST-ZIP | PENSACOLA, FL. 32504 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | VICE PRESIDENT | ☒ Change ☐ Addition |
| NAME | HOUSE, HATTIE | | 2.2 NAME | ELI KING | |
| STREET ADDRESS | 6371 HEARTPINE DR. | | 2.3 STREET ADDRESS | 1251 MAHOGANY MILL RD. #30 | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | | 2.4 CITY-ST-ZIP | PENSACOLA, FL. 32507 | |
| TITLE | F | ☐ DELETE | 3.1 TITLE | FUND RAISER | ☒ Change ☐ Addition |
| NAME | KNIGHT, JOE | | 3.2 NAME | WALTER WALLACE | |
| STREET ADDRESS | 3418 W FISCHER ST | | 3.3 STREET ADDRESS | 709 WOODLAND DR. | |
| CITY-ST-ZIP | PENSACOLA FL | | 3.4 CITY-ST-ZIP | PENSACOLA, FL. 32503 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | DR PERCY GOODMAN MD | ☐ Change ☐ Addition |
| NAME | HARDY, BONNIE | "D" | 4.2 NAME | | |
| STREET ADDRESS | 3010 N 14TH AVE | | 4.3 STREET ADDRESS | 14 W. JORDAN ST. | "D" |
| CITY-ST-ZIP | PENSACOLA FL 32503 | | 4.4 CITY-ST-ZIP | PENSACOLA, FL 32501 | |
| TITLE | PD | ☐ DELETE | 5.1 TITLE | MEDICAL ADVISOR | ☐ Change ☐ Addition |
| NAME | LEE, DAVEY | | 5.2 NAME | MRS ANTOINETTE GOODMAN | |
| STREET ADDRESS | 405 LADYBIRD LN | | 5.3 STREET ADDRESS | 14 W. JORDAN ST. | "D" |
| CITY-ST-ZIP | PENSACOLA FL 32503 | | 5.4 CITY-ST-ZIP | PENSACOLA, FL. 32501 | |
| TITLE | CC | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FOUNTAIN, RHODA | | 6.2 NAME | | |
| STREET ADDRESS | 6704 BELLVIEW PINES PL | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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: Hattie M. House