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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 POB 9132 PENSACOLA FL 32513	2406 N 12TH AVE POB 9132 PENSACOLA FL 32513

3. Date Incorporated or Qualified: 11/04/1977

4. FEI Number: 59-1780377 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOUSE, HATTIE M
6371 HEARTPINE DR
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DR P. Goodman M.D.	☐ Change ☐ Addition
NAME	HOUSE, HATTIE M		1.2 NAME		
STREET ADDRESS	6371 HEARTPINE DR		1.3 STREET ADDRESS	14 W. JORDAN St. D	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE	VP	☐ DELETE	2.1 TITLE	MRS A. Goodman	☐ Change ☐ Addition
NAME	KING, ELI		2.2 NAME		
STREET ADDRESS	1251 MAHONGANY MILL RD, #30		2.3 STREET ADDRESS	14 W. JORDAN St. D	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE	FC	☐ DELETE	3.1 TITLE	Miss Patricia Young	☐ Change ☐ Addition
NAME	WALLACE, WALTER		3.2 NAME		
STREET ADDRESS	709 WOODLAND DR		3.3 STREET ADDRESS	2101 E. Gadsden St. D	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE	TD	☐ DELETE	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	☐ DELETE	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	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 (10/97)

14. 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 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: Bonnie Hardy Treasurer 20 JAN 98 850-505-6421