2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740702

FILED
Feb 20, 2000 8:00 am
Secretary of State
02-20-2000 90046 010 ****61.25

1. Entity Name

SICKLE CELL DISEASE ASSOCIATION OF ESCAMBIA COUN

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

DO NOT WRITE IN THIS SPACE

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 59-1780377 ☐ 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
HOUSE, HATTIE M 6371 HEARTPINE DR PENSACOLA FL 32504	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.

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODMAN, P MD 14 W JORDAN ST PENSACOLA FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELI KING 1251 MAHOGANY MILL RD PENSACOLA, FL. 32507 PRESIDENT ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODMAN, A 14 W JORDAN ST PENSACOLA FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SARAH WILLIAMS 8084 N. DAVIS BOX 214 PENSACOLA, FL. 32514 CASE MANAGER ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, PATRICIA 2101 E GADSDEN ST PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WALTER WALLACE 709 WOODLAND DR PENSACOLA, FL. 32503 CLIENT SERVICES ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARDY, BONNIE 3010 N 14TH AVE PENSACOLA FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEE, DAVEY 405 LADYBIRD LN PENSACOLA FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CC FOUNTAIN, RHODA 6704 BELLVIEW PINES PL PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Bonnie Hardy-Treasurer 15 Feb 00 850-505-6421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #