2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 740702

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF ESCAMBIA COUNTY, INC.

Current Principal Place of Business:

2406 N 12TH AVE
POB 9132
PENSACOLA, FL 32513

New Principal Place of Business:

709 WOODLAND DR.
POB 9132
PENSACOLA, FL 32513

Current Mailing Address:

2406 N 12TH AVE
POB 9132
PENSACOLA, FL 32513

New Mailing Address:

709 WOODLAND DR.
POB 9132
PENSACOLA, FL 32513

FEI Number: 59-1780377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOUSE, HATTIE M
6371 HEARTPINE DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

WALLACE, WALTER A SR.
709 WOODLAND DR.
PENSACOLA, FL 32503 US

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: WALTER A. WALLACE, SR. 04/29/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KING, ELI
Address: 1251 MAHOGANY MILL RD
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: WILLIAMS, SARAH
Address: 8084 N DAVIS BOX 214
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: YOUNG, PATRICIA
Address: 2101 E GADSDEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: TD ( ) Delete
Name: HARDY, BONNIE,
Address: 3010 N 14TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: PD ( ) Delete
Name: LEE, DAVEY,
Address: 405 LADYBIRD LN
City-St-Zip: PENSACOLA, FL 32503

Title: CC ( ) Delete
Name: FOUNTAIN, RHODA
Address: 6704 BELLVIEW PINES PL
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALLACE, WALTER A SR
Address: 709 WOODLAND DR
City-St-Zip: PENSACOLA, FL 32503

Title: VP (X) Change ( ) Addition
Name: EDLER, LAURA D
Address: 801 WEST BAARS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SECT (X) Change ( ) Addition
Name: REYNOLDS, ROSA W
Address: 10806 GULF BEACH HIGHWAY
City-St-Zip: PENSACOLA, FL 32506

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change ( ) Addition
Name: GRIER, PAMELA M
Address: 1500 E. JOHNSON ST APT # 213
City-St-Zip: PENSACOLA, FL 32514

Title: CS (X) Change ( ) Addition
Name: COLEMAN, ETHEL W
Address: 1620 E. ANDERSON
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA D. EDLER VP 04/29/2002
Electronic Signature of Signing Officer or Director — Date