2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 740702

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

Principal Place of Business	Mailing Address
514 NORTH DEVILLERS STREET PENSACOLA, FL 32501	P.O. BOX 9132 PENSACOLA, FL 32513 US

01102006 No Chg-NP CR2E037 (11/05)

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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

WALLACE, WALTER J SR.
709 WOODLAND DR.
PENSACOLA, FL 32503

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACE, WALTER A SR
STREET ADDRESS	709 WOODLAND DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VP
NAME	EDLER, LAURA D
STREET ADDRESS	801 WEST BAARS STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	SECT
NAME	SMITH, GEORGETTA
STREET ADDRESS	517 W. STRONG ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	TD
NAME	EDLER, LAURA D
STREET ADDRESS	801 WEST BAARS STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	MD
NAME	GRIER, PAMELA M
STREET ADDRESS	1682 CEDRUS LANE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	CS
NAME	COLEMAN, ETHEL W
STREET ADDRESS	1620 E. ANDERSON
CITY-ST-ZIP	PENSACOLA, FL 32503

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01/18/06-80058-014 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura D. Edler Laura D. Edler 1/10/06 (850) 432-2136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #