

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740702

FILED
Feb 12, 2007
Secretary of State

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

Current Principal Place of Business:

514 NORTH DEVILLERS STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9132
PENSACOLA, FL 32513 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: SECT () Delete
Name: SMITH, GEORGETTA
Address: 517 W. STRONG ST
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: EDLER, LAURA D
Address: 801 WEST BAARS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MD () Delete
Name: GRIER, PAMELA M
Address: 1682 CEDRUS LANE
City-St-Zip: PENSACOLA, FL 32514

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WALTER J. WALLACE, SR

MR

02/12/2007

Electronic Signature of Signing Officer or Director

Date