

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 740702

FILED
Apr 04, 2011
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 ()

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: WALTER WALLACE, SR.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP
Name: KYLE, JOESPH
Address: P.O. BOX 9031
City-St-Zip: PENSACOLA, FL 32513 US

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

Title: TD
Name: HUFF, SAM
Address: 310 PINERIDGE LANE
City-St-Zip: PENSACOLA, FL 32514 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAM HUFF

TD

04/04/2011

Electronic Signature of Signing Officer or Director

Date