2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
02-12-2003 90095 020 ****61.25

DOCUMENT # 740702

1. Entity Name

SICKLE CELL DISEASE ASSOCIATION OF ESCAMBIA COUN TY, INC.

Principal Place of Business	Mailing Address
709 WOODLAND DR. POB 9132 PENSACOLA FL 32513	709 WOODLAND DR. POB 9132 PENSACOLA FL 32513

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. 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)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALLACE, WALTER J SR 709 WOODLAND DR PENSACOLA FL 32503	☐ Delete	ERAPLIN ERNESTINE White 202 willow st. Pensacola, FL. 32506	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EDLER, LAURA D 801 WEST BAARS STREET PENSACOLA FL 32501	☐ Delete	Member RITA milton 306 ARIOLA Dr. Pensacola, FL. 32503	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECT REYNOLDS, ROSA W 10806 GULF BEACH HIGHWAY PENSACOLA FL 32506	☐ Delete	Asst. Secretary Georgetta Smith 519 W. Strong st. Pensacola, FL. 32501	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARDY, BONNIE 3010 N 14TH AVE PENSACOLA FL 32503	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD GRIER, PAMELA M 1500 E. JOHNSON ST APT # 213 PENSACOLA FL 32514	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS COLEMAN, ETHEL W 1620 E. ANDERSON PENSACOLA FL 32503	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 R. Hardy Treasurer 10 Feb. 03 850-432-8231

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON FILING REPORT OR DIRECTOR — Date — Daytime Phone #