

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 745106

1. Entity Name
**SICKLE CELL ASSOCIATION OF HILLSBOROUGH
COUNTY, INC.**



Principal Place of Business
**3402 N. 22ND STREET
TAMPA, FL 33605**

Mailing Address
**P.O. BOX 310364
TAMPA, FL 33680**



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
06-0157400

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHALEY, GLADYS
JAMES A. HALEY V.A. HOSPITAL-111R
13000 NORTH 30TH. ST.
TAMPA, FL., FL 33612**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000183420

01/19/05-80056-015 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDDICK, FRANK 4610 JOHN BELL DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, EARNEST JR 10313 CARROLLWOOD LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSBY, CYNTHIA 18117-C SAILFISH DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILTON, JEWEL 4212 E. TEMPLE HEIGHTS RD. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

FRANK REDDICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05
Date

813-247-5999
Daytime Phone #