

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90095 004 \*\*\*\*70.00

**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**

**60009323**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**06-0157400**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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**

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

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, 2007**

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

TITLE PD ☐ Delete  
NAME REDDICK, FRANK  
STREET ADDRESS 4610 JOHN BELL DR.  
CITY-ST-ZIP TAMPA, FL

TITLE TD ☐ Delete  
NAME ALEXANDER, EARNEST JR  
STREET ADDRESS 10313 CARROLLWOOD LANE  
CITY-ST-ZIP TAMPA, FL 33618

TITLE VP ☐ Delete  
NAME CROSBY, CYNTHIA  
STREET ADDRESS 3402 ARBOR OAKS CT  
CITY-ST-ZIP TAMPA, FL 33614

TITLE SD ☐ Delete  
NAME HAMILTON, JEWEL  
STREET ADDRESS 4212 E. TEMPLE HEIGHTS RD.  
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 if changed, or on an attachment with an address, or in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**- FRANK REDDICK**

Date

Daytime Phone #

**1-24-07 813)247-5999**