

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:53

DOCUMENT # **N04172** (5)

1. Corporation Name  
**SICKLE CELL FOUNDATION, INCORPORATED**

Principal Place of Business Mailing Address  
**110 W. 5TH AVE. TALLAHASSEE FL 32302 US** **P. O. BOX 10411 TALLAHASSEE FL 32302 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/13/1984</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FEI Number <b>59-2518049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 <b>32303</b>	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**MCGILL, WILLIAM  
438 W. BREVARD ST., #14  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent	
B1 Name <b>Robin L. Wood</b>	B2 Street Address (P.O. Box Number is Not Acceptable) <b>110 W. 5th Avenue</b>
B3	B4 City <b>Tallahassee</b>
B5 State <b>FL</b>	B6 Zip Code <b>32303</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robin L. Wood, Robin L. Wood, Executive Director 1/18/95 DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WOOD, ROBIN
STREET ADDRESS	1810 LUCKY STREET
CITY - ST - ZIP	QUINCY FL
TITLE	VDC
NAME	ROLLINS, WILLIAM
STREET ADDRESS	ROUTE 13, BOX 228 H
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	DC
NAME	MCGILL, WILLIAM
STREET ADDRESS	438 W. BREVARD ST., #14
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	DAVIS, LUBERTHA
STREET ADDRESS	2241 POTTS ROAD
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	<del>HANDSFORD, HARRY-</del>
STREET ADDRESS	<del>840 PALM BCH ST.</del>
CITY - ST - ZIP	<del>TALLAHASSEE FL</del>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Delese</i>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if designated on an attachment) with an address.

SIGNATURE: William McGill, William McGill 01/18/95 (200) 333-3043