

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04172 (5)**

1. Corporation Name

**SICKLE CELL FOUNDATION, INCORPORATED**



Principal Place of Business

110 W. 5TH AVE.  
TALLAHASSEE FL 32303  
US

*Sickle Cell Foundation Inc.*  
*110 W 5th Avenue*  
*Tallahassee, FL 32303*

3. Date Incorporated or Qualified **07/13/1984** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2518049		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

**WOOD, ROBIN L.**  
**110 W. 5TH AVENUE**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, ROBIN</b>	1.2 NAME	
STREET ADDRESS	<b>1810 LUCKY STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VDC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice-Chairman/NDC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROLLINS, WILLIAM</b>	2.2 NAME	<b>Ervin Holiday</b>
STREET ADDRESS	<b>ROUTE 13, BOX 228 H</b>	2.3 STREET ADDRESS	<b>Rt. 17, Box 1530</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	<b>Talla., FL 32308</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGILL, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>438 W. BREVARD ST., #14</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, LUBERTHA</b>	4.2 NAME	<b>Dr. Augustine Agho</b>
STREET ADDRESS	<b>2241 POTTS ROAD</b>	4.3 STREET ADDRESS	<b>1952 Lawson Rd.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	<b>Tallahassee, FL. 32308</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Homer Lanier</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>2000 Bushy Hall Road</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Talla., FL 32308</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>600001845576</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-05/31/96--01022--004</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: Robin L. Wood, Robin L. Wood, Executive Director Date April 96 (904) 222-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E037 (12/95)