


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

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04172 (5)**  
 1. Corporation Name  
**SICKLE CELL FOUNDATION, INCORPORATED**



Principal Place of Business <b>110 W. 5TH AVE. TALLAHASSEE FL 32303 US</b>	Mailing Address <b>110 W. 5TH AVE. TALLAHASSEE FL 32303 US</b>
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3. Date Incorporated or Qualified <b>07/13/1984</b>		
4. FEI Number <b>59-2518049</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		
23 City & State	28 City & State		
24 Zip	25 Country	29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <b>Cathy Morgan</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>110 West Fifth Avenue</b>	
83	
84 City <b>Tallahassee</b>	85 Zip Code <b>FL 32303</b>

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 *Cathy Morgan* **Cathy Morgan Executive Director** 3/3/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED CATHY A MORGAN 307 VANTAGE PT LN 31 TALLAHASSEE FL</b>	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDC HOLIDAY, ERVIN ROUTE 17, BOX 1530 TALLAHASSEE FL 32308</b>	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC MCGILL, WILLIAM 438 W. BREVARD ST., #14 TALLAHASSEE FL</b>	<input checked="" type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/T AGHO, AUGUSTINE DR. 1952 LAWSON RD. TALLAHASSEE FL 32308</b>	<input checked="" type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LANIER, HOMER 2000 BUSHY HALL ROAD TALLAHASSEE FL 32308</b>	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>T/T Mary Still Rt. 12 Box 923 Tallahassee, Fl. 32310</b>	<input type="checkbox"/>	Change
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>DC Ervin Holiday Rt 17 Box 1530 Tallahassee, Fl 32308</b>	<input checked="" type="checkbox"/>	Change
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VDC Irma Jamison 2039 N. Meridian #230 Tallahassee, Florida 32303</b>	<input type="checkbox"/>	Change
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/>	Change
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/>	Change
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	Change

14. 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 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: *Cathy Morgan* **Cathy Morgan Executive Director** 3/3/98 **222-2355**

CP2E037 (10/97)