

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90198 050 ****61.25

DOCUMENT # N04172

1. Entity Name
SICKLE CELL FOUNDATION, INCORPORATED

Principal Place of Business Mailing Address
110 W. 5TH AVE. **110 W. 5TH AVE.**
TALLAHASSEE FL 32303 **TALLAHASSEE FL 32303**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2518049 Not Applicable

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

6. Name and Address of Current Registered Agent
MORGAN, CATHY
110 W. 5TH AVENUE
TALLAHASSEE FL 32303

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.
 SIGNATURE *Cathy Morgan* DATE **5/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	ED CATHY A MORGAN <input type="checkbox"/> Delete
STREET ADDRESS	307 VANTAGE PT LN 31
CITY-ST-ZIP	TALLAHASSEE FL
TITLE NAME	D HOLIDAY, ERVIN <input type="checkbox"/> Delete
STREET ADDRESS	ROUTE 17, BOX 1530
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE NAME	D PARKS, DARYL <input type="checkbox"/> Delete
STREET ADDRESS	3219 THOMASVILLE RD 1-B
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE NAME	S ARONOFF, CELESTE <input type="checkbox"/> Delete
STREET ADDRESS	3027 RICHVIEW PK CIR S
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE NAME	T LANIER, HOMER <input type="checkbox"/> Delete
STREET ADDRESS	2000 BUSHY HALL ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE NAME	T SPENCER, GWEN <input checked="" type="checkbox"/> Delete
STREET ADDRESS	4048 ROSCREA DR
CITY-ST-ZIP	TALLAHASSEE FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *Cathy Morgan* **REQUIRE**

5/11/01 (850)222-2355

CR2E037 (10/00)