## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO 4172 1. Entity Name

Sickle Cell Foundation, Inc.



## **FILED** Jul 21, 2005 8:00 am Secretary of State 07-21-2005 90027 007 \*\*\*\*61.25

	DO NOT WRIT	E IN THIS S		50056594					
	Place of Business	3. Mailing Address	3. Mailing Address			000	00001		
	. 5th Avenue		110 W. 5th Avenue						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	ite	City & State	City & State				Applied For		
	hassee, FL 32303	Tallahass			59-25180	4. FEI Number			
32303	USA Country	32303	ÜS	intry A	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
				7. Name and Address of Current Registered Agent Name					
•	DO NOT	(/D)   T-		Velma Penermon					
	DO-NOT-V	VRITE	-32	Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS S	PACE		110 5	7				
				110 West 5th Avenue					
	<u> </u>			City Tall	ahassee	F	Zip Code		
8. The above	e named entity submits this statemen tions of registered agent.	t for the purpose of changing i	its registere	ed office or regis	stered agent, or both, in th	e state of Florida. I ar			
trie obliga	mons or registered agent.								
	Velma Penermon	Evecutive D	iroat	or		7 /	12/2005		
SIGNATURE	Signature, typed or printed name of registered ag				ired when reinstating)	DAT	13/2005		
- 1			o i c. i logicilo	s rigonic signaturo rocci	and when is sating,	DAT			
FEE IS \$61.25 Initial or Amended UBR  9. Election Campa Trust Fund Con					\$5.00 May Be Added to Fees		eck Payable to artment of State		
10.	OFFICERS AND	DIRECTORS			<u>-</u>	<u> بندائل مندس بیکر کرد. ساخت مانند که در دست با با نام د</u>	والمرافع والم والمرافع والمرافع والمرافع والمرافع والمرافع والمرافع والمراف		
TITLE	Executive Direc	Evecutive Director				·····	·····		
NAME	Velma Penermon			NAME					
STREET ADORESS		ve.		STREET ADDRESS					
CITY-ST-ZIP	906 Kendall Dri Tallahassee, FL	32301		- ST-ZiP					
TITLE NAME	Chairman								
STREET ADDRESS	Daryl Parks, Esc			ET ADDRESS					
CITY-ST-ZIP	740 North Magnolia Drive			ST-ZIP					
TITLE	Vice Chair	<u> </u>	TITLE		· · · · · · · · · · · · · · · · · · ·				
NAME	Ervin Holiday								
STREET ADDRESS				ET ADDRESS	DO 1	NOT ME	ire		
CITY-ST-ZIP	800 W Brevard Street Tallahassee, FL 32304			ST-ZIP	ו טע	NOT WR	HIC		
TITLE	Treasurer		TITLE	i	CE				
NAME CTREET ADDRESS	Homer Lanier		NAME	1	IN THIS SPACE				
STREET ADDRESS CITY-ST-ZIP	2000 Bushy hall Road			ET ADDRESS ST-ZIP					
TITLE	Tallahassee, FL	32308_		····					
NAME	Director		TITLE	1					
STREET ADDRESS	Dexter Martin 6738 Donerail Trail			T ADDRESS					
CITY-ST-ZIP	Tallahassee, FL			ST-ZIP					
TITLE	Director	<del>343V0</del>	TITLE			<del>*************************************</del>	<del></del>		
NAME	Clinton McCLEOD		NAME	1					
STREET ADORESS CITY-ST-ZIP	1353 E. Lafayett Tallahassee, FL	e St., Suite	D.	T ADDRESS ST-ZIP					
12. Thereby	certify that the information supplied v		or the exer	notion stated in	Section 119.07(3)(i). Florid	da Statutes. I further o	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 on an attachment with an address with all other like empowered.

SIGNATURE: J

## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #  1. Entity Name						ATTACHMENT		
	OO NOT WRITE	IN THIS SI	PAC	E		· · · · · · · · · · · · · · · · · · ·		
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address			50056594		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number		Applied For Not Applicable	
Žip	Country	Zip	Cou	ntry	5. Certificate of		8.75 Additional	
ev.					7: Name and Ad	7: Name and Address of Current Registered Agent		
* 1				Name				
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE						
			,	City		FL	Zip Code	
SIGNATURE  Signature, typed or printed name of registered agent and title if explicable. (NOTE: Registered Age  FEE IS \$61.25  Initial or Amended UBR  9. Election Campaign Finar Trust Fund Contribution.					\$5.00 May Be Added to Fees	Make Check Florida Departr		
10.	OFFICERS AND DIF	RECTORS	TITLE			<u> </u>		
NAME	Director Jeffrey Rollins		NAM	ł.			1200	
STREET ADDRESS CITY-ST-ZIP	2232 Skyland Drive			ET ADDRESS -ST-ZIP			a de	
TITLE	Tallahassee, FL	32303	TIPLE				<u>~~~</u>	
NAME	Director William Rollins		NAM				è	
STREET ADDRESS CITY-ST-ZIP	5460 E. Rollins Pointe			ET ADDRESS ST-ZIP			,	
TITLE	Tallahassee, FL Director	32312	TITL	~ <del>-</del>				
NAME	Phelicia-Stiell	<del>-</del>	NAM	1	in the second	ب پیشند د د د سرد م	المراقبة المستواد المستواد	
STREET ADDRESS CITY-ST-ZIP	1331 E. Lafayett			-ST-ZIP	DC	NOT WRIT	E	
TITLE	Tallahassee, FL Director	3.2.301	ากบ	E	A IN	THIS SPAC	<b>E</b>	
NAME	Aurora Torres-Hansen			ET ADDRESS	JIV	IIIIO OFAC		
STREET ADDRESS CITY-ST-ZIP				ST-ZIP				
TITLE	Medical Consulta:	nt	TITLE	F		April 1995 - San		
NAME STREET ADDRESS	Alfreda Blackshear, M.D.			ET ADDRESS			. 1	
CITY-ST-ZIP	1215 LeeAvenue			-ST-ZIP				
TITLE	Director		4	E				
NAME STREET ADDRESS	Gwendolyn Spencer		NAM STRI	EET ADDRESS				
CiTY-ST-7IP	3656 West Shamro		CiTY	-ST-ZiP	A STATE OF THE STA			
12. I hereby o	Tallahassee, FL certify that the information supplied with	this filing does not qualify for	or the exe	mption state	d in Section 119.07(3)(i)	, Florida Statutes. I further certi	fy 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 requirer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

(850) 222-2355