


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

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90027 007 ****61.25

DOCUMENT # NO 4172	
1. Entity Name Sickle Cell Foundation, Inc.	

DO NOT WRITE IN THIS SPACE

50056594

2. Principal Place of Business 110 W. 5th Avenue Suite, Apt. #, etc.	3. Mailing Address 110 W. 5th Avenue Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Tallahassee, FL 32303	City & State Tallahassee, Florida
Zip 32303	Country USA

4. FEI Number 59-2518049	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Velma Pernermon	
Street Address (P.O. Box Number is Not Acceptable) 110 West 5th Avenue	
City Tallahassee	FL Zip Code 32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Velma Pernermon, Executive Director **DATE** 7/13/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Velma Pernermon 906 Kendall Drive Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Daryl Parks, Esq. 240 North Magnolia Drive Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Ervin Holiday 800 W. Brevard Street Tallahassee, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Homer Lanier 2000 Bushy Hall Road Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dexter Martin 6738 Donerail Trail Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Clinton McCLEOD 1353 E. Lafayette St, Suite B Tallahassee, FL 32301	TITLE NAME 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 on an attachment with an address with all other like empowered.

SIGNATURE: Velma Pernermon Velma Pernermon 7/14/05 (850) 222-2355

CR2E037B (12/02)

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UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #
1. Entity Name



ATTACHMENT

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

50056594
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4. FEI Number		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL		Zip Code

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FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeffrey Rollins 2232 Skyland Drive Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William Rollins 5460 E. Rollins Pointe Tallahassee, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Phelicia Stiell 1331 E. Lafayette, Suite E Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Aurora Torres-Hansen 921 Maplewood Avenue Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Medical Consultant Alfreda Blackshear, M.D. 1215 Lee Avenue Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gwendolyn Spencer 3656 West Shamrock Tallahassee, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: *Valma Ch. Pennerman* 7/14/05 (850) 222-2355

CR2E037B (12/02)