

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04172

FILED
Apr 16, 2009
Secretary of State

Entity Name: SICKLE CELL FOUNDATION, INCORPORATED

Current Principal Place of Business:

1336 VICKERS RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1336 VICKERS RD
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2518049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENERMON, VELMA S
1336 VICKERS RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: PENERMON, VELMA S
Address: 906 KENDALL DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: C () Delete
Name: PARKS, DARYL ESQ
Address: 240 NORTH MAGNOLIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VC () Delete
Name: HOLIDAY, ERVIN
Address: 800 W BREVARD STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: LANIER, HOMER
Address: 2000 BUSHY HALL ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MARTIN, DEXTER
Address: 6738 DONERAIL TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: STIELL, PHELICIA D
Address: 1331 E. LAYFAYETTE ST SUITE E
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VELMA PENERMON STEVENS

ED

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date