

NOV 17 2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

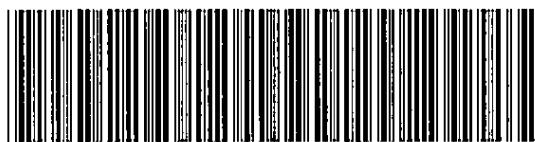
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800334357048

НОЧЬ

אלה עתודה

Kingsgate + Vane

Long Island Sound

הנִזְקָנָה

1960-1961 32361 224-6418

1000 State Street, Suite 1000 • St. Paul, MN 55101-3000 • 651.222.3688

Figure 4

CORPORATION'S NAME

Localisation of Zonality

- | | | | | | | |
|--|--|--|---|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> C CORPORATION | <input type="checkbox"/> C NON-PROFIT | <input type="checkbox"/> C AMENDMENT | <input type="checkbox"/> C MERGER | | | |
| <input type="checkbox"/> C FOREIGN | <input type="checkbox"/> C DISSOLUTION | <input type="checkbox"/> C MARK | | | | |
| <input type="checkbox"/> C LIMITED PARTNERSHIP | <input type="checkbox"/> C ANNUAL REPORT | <input type="checkbox"/> C RESERVATION | | | | |
| <input type="checkbox"/> C REINSTATEMENT | <input type="checkbox"/> C OTHER | | | | | |
| <input checked="" type="checkbox"/> CERTIFIED COPY | | <input type="checkbox"/> PHOTO COPIES | <input type="checkbox"/> CERTIFICATE UNDER SEAL | | | |
| <input checked="" type="checkbox"/> I WALK IN | | <input type="checkbox"/> I WILL WAIT | <input checked="" type="checkbox"/> I PICK UP | <input type="checkbox"/> I MAIL OUT | <input checked="" type="checkbox"/> CALL | <input type="checkbox"/> AFTER 4:00 |
| SAV 18 74 | | | | | | |

Name 35
Availability 07/13/84

Document Examiner

Updater iff af

Updated
Verifier

Acknowledgments

W.P. Verifier

7-16-84

When READY
After 3:00 7-16-84

ARTICLES OF INCORPORATION

OF

SICKLE CELL FOUNDATION OF LEON COUNTY, FLORIDA, INC.
(A Nonprofit Corporation)

We, the undersigned incorporators, hereby associate ourselves together and make, subscribe, acknowledge and file with the Secretary of State of the State of Florida these Articles of Incorporation for the purpose of forming a corporation not for profit in accordance with the laws of the State of Florida.

ARTICLE I

Name

The name of this corporation shall be:

SICKLE CELL FOUNDATION OF LEON COUNTY, FLORIDA, INC.

ARTICLE II

Purposes

The purposes for which the corporation is organized and shall be operated are to receive and maintain a fund or funds of real or personal property, or both, and subject to the restrictions and limitations hereinafter set forth, to use and apply the whole or any part of the income therefrom and the principal thereof exclusively for charitable, religious, scientific, literary, or educational purposes, with specific emphasis on the education of the Black population with respect to sickle cell anemia disease and the prevention and treatment thereof, either directly or by contributions to organizations exempt under Section 501(c)(3) of the Internal Revenue Code and the regulations thereunder.

ARTICLE III

Powers

(a) This corporation shall have and exercise all powers necessary or convenient to effect any and all of the charitable, scientific and educational purposes for which the corporation is organized.

(b) All income of the corporation for each taxable year shall be distributed at such time and in such manner as not to subject the corporation to tax under Section 4942 of the Internal Revenue Code of 1954, as amended.

(c) The corporation shall not engage in any act of self-dealing (as defined in Section 494(d) of the Internal Revenue Code of 1954, as amended), shall not retain any excess business holdings (as defined in Section 4943(c) of the Internal Revenue Code of 1954, as amended), shall not make any investments in such a manner as to subject the corporation to tax under Section 4944 of the Internal Revenue Code of 1954, as amended, and shall not make any taxable expenditures (as defined in Section 4945(d) of the Internal Revenue Code of 1954, as amended).

(d) Notwithstanding any other provisions of these Articles of Incorporation, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended, or the regulations issued thereunder.

(e) Upon the dissolution of the corporation or the winding up of its affairs, the assets of the corporation shall be distributed exclusively to charitable, religious, scientific, literary or educational organizations which would then qualify for the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954, as amended and the regulations issued thereunder; and no member, Trustee, officer or private individual shall be entitled to share in the distribution of any of the assets.

ARTICLE IV

Membership

The members of this corporation shall consist of those persons interested in the treatment and eradication of sickle cell anemia who may be elected and admitted to membership by the corporation in accordance with the provisions of its bylaws.

ARTICLE V

Term of Existence

This corporation shall exist in perpetuity, unless sooner dissolved voluntarily or by operation of law.

ARTICLE VI

Board of Directors

The affairs of this corporation shall be mandated by a Board of Directors who shall be elected by the members of the corporation as provided in the bylaws and by officers who shall be elected by the Board of Directors and who shall be members of the corporation. The officers thus to be elected shall be a president, two or more vice presidents, a secretary, a treasurer, and such other officers as may be provided for in the bylaws of the corporation. The duties of the respective officers and the manner of filling vacancies in the offices of the corporation shall be provided in the bylaws.

The number of Directors and the manner of filling vacancies on the Board of Directors shall be provided in the bylaws of the corporation. The number shall not be less than fifteen (15) but may be any number in excess thereof. A quorum for the transaction of business shall be a one-third (1/3) of the Directors qualified and active, and the act of a majority of the Directors present at a meeting at which a quorum is present shall be the act of the corporation. Meetings of the Directors may be held within or without the State of Florida. Directors shall be members of the corporation.

ARTICLE VII

Officers

The names and addresses of the officers of this corporation who, subject to these Articles and the bylaws of this corporation and the laws of the State of Florida, shall hold office for the first year of the existence of this corporation, or until an election is held by the Directors of this corporation for the election of permanent officers, or until their successors have been duly elected and qualified are:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Nathaniel Saylor	President	105 Barbourville Dr. Tallahassee, FL 32301
William Rollins	1st Vice-President	Route 13, Box 28H Tallahassee, FL
Joseph Webster, Sr.	2nd Vice-President	311 Orlean Drive Tallahassee, FL 32308
Mae F. Barnes	Secretary	4813 Gearhart Road Tallahassee, FL 32303
Lubertha Davis	Corresponding Secretary	2241 Potts Road Tallahassee, FL
Katie Williams	Treasurer	1819 Centerville Rd. Tallahassee, FL 32308

ARTICLE VIII

Directors

The names and addresses of the members of the Board of Directors, who, subject to these Articles, the bylaws of this corporation and the laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until an election is held by the members for the election of permanent Directors, or until their successors have been duly elected and qualified are:

<u>Name</u>	<u>Address</u>
Nathaniel Saylor	105 Barbourville Drive Tallahassee, FL 32301
William Rollins	Route 13, Box 28H Tallahassee, FL
Joseph Webster, Sr.	2311 Orlean Drive Tallahassee, FL 32308
Mae F. Barnes	4813 Gearhart Road Tallahassee, FL 32303
Lubertha Davis	2241 Potts Road Tallahassee, FL 32308
Katie Williams	1819 Centerville Road Tallahassee, FL 32308

Barbara Boxeman	933 Kendall Dr. Tallahassee, FL 32301
Josephine Brown	P. O. Box 5472 Tallahassee, FL 32314
Irvin Holiday	Rt. 7, Box 1530 Tallahassee, FL 32308
Dorothy Holiday	Rt. 7, Box 1530 Tallahassee, FL 32308
Harold Knowles	528 East Park Ave. Tallahassee, FL 32301
William McGill	P. O. Box 98 Midway, FL 32343
Nellie Page	2502B Holton St. Bldg. H, Apt. 147 Tallahassee, FL 32304
Linda Paramore	2727 Lake Munson St. Tallahassee, FL 32304
Patricia Sykes	2815 Olson Rd. Tallahassee, FL 32308

File # 13 314 874
SECURE INVENTORY STATE

ARTICLE IX

By-Laws

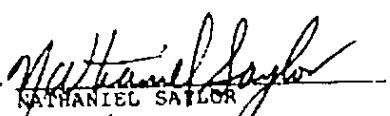
The bylaws of this corporation may be made, altered or rescinded from time-to-time in whole or in part by a majority vote of the Directors of this corporation present at any meeting of the Board of Directors duly called and convened; provided, however, that a quorum is present at the meeting of the Board of Directors and notice of the proposed action with respect to the bylaws shall have been mailed by the secretary to all of the members of the Board of Directors at least ten (10) days before the meeting.

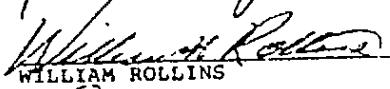
ARTICLE X

Amendments

These Articles may be amended by resolution adopted by the majority vote of the members of the corporation present at any meeting of the members duly called and convened; provided, however, that unless ten days' advance notice of the amendment or amendments to be considered at such meeting shall have been given in writing by mail to each member prior to such meeting, these Articles may be amended only by resolution adopted by two-thirds vote of the members present at such meeting.

IN WITNESS WHEREOF, we have executed these Articles of Incorporation for the uses and purposes therein expressed this 10th day of July, 1984.


NATHANIEL SAILOR


WILLIAM ROLLINS


JOSEPH WEBSTER, SR.

STATE OF FLORIDA
COUNTY OF LEON

BEFORE ME, the undersigned authority, on this 10th day
of July, 1984, personally appeared NATHANIEL SAYLOR,
WILLIAM ROLLINS, and JOSEPH WEBSTER, SR., to me well known to be
the persons described in and who signed the foregoing Articles
of Incorporation and acknowledged to me that they executed the
same freely and voluntarily for the uses and purposes therein
expressed.

WITNESS my hand and official seal the date aforesaid.

Margari A. Whitaker
NOTARY PUBLIC

My Commission Expires:
Notary Public, State of Florida
My Commission Expires July 6, 1985
Renewal fee \$10.00 due July 6, 1985

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to Chapter 48.091, Florida Statutes, the following
is submitted, in compliance with said Act:

First--That SICKLE CELL FOUNDATION OF LEON COUNTY, FLORIDA,
INC., desiring to organize under the laws of the State of
Florida with its principal office in the City of Tallahassee,
County of Leon, State of Florida, has named Nathaniel Saylor
located at 105 Barbourville Drive, Tallahassee, State of
Florida as its agent to accept service of process within this
state.

ACKNOWLEDGMENT:

Having been named to accept service of process for that
above stated corporation, at place designated in this cer-
tificate, I hereby agree to act in this capacity, and agree to
comply with the provision of said Act relative to keeping said
office open.

By: Nathaniel Saylor

NO472

Mitchell Taylor

Requester's Name

105 Barboursville Dr.

Tallahassee, Fla 32301 224-6605

State

ZIP

Phone #

CORPORATIONS ONLY

CORPORATION'S NAME

Small Cell Foundation of Leon County

PROFIT
 NON PROFIT

AMENDMENT

MERGER

FOREIGN

DISSOLUTION

MARK

LIMITED PARTNERSHIP
 REINSTATEMENT

ANNUAL REPORT

OTHER

RESERVATION

CERTIFIED COPY

PHOTO COPIES

CERTIFICATE UNDER SEAL

WALK IN

WILL WAIT

PICK UP

MAIL OUT

CALL

AFTER 4:30

017-84

Name	df
Availability	df
Document Examiner	df
Updater	df
Locator/Verifier	df
Acknowledgment	df
Re-Delivery	df

9-20-2017
10 - 9-84

FILED
FEB 05 - 9 PM 3 38
SHERIFF'S OFFICE
TALLAHASSEE, FLA.
2017

F-1

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RECEIVED
TALLAHASSEE, FLA.

ARTICLES OF AMENDMENT

to

ARTICLES OF INCORPORATION

Pursuant to the provision of Chapter 617, Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation.

Sickle Cell Foundation of Leon County, Florida, Inc.

FIRST: The name of the corporation is:

SECOND: The following amendment(s) of the Articles of Incorporation was (were) adopted by the corporation:

To change the name as it appears on the articles of incorporation dated July 13, 1984 from "Sickle Cell Foundation of Leon County" to "Leon County Sickle Cell Foundation, Inc".

THIRD: The amendment(s) was (were) adopted by the Board of Directors on the 28th day of August 1984.

FOURTH: The above amendment(s) was (were) approved by a majority of the members of the corporation on the 25th day of September 1984.

Dated 9 September 1984

Sickle Cell Foundation of Leon County
Corporation Name

By Matthew Taylor, Pres.
President or Vice President

By Mae F. Blaney
Secretary or Assistant Secretary

NOTARY PUBLIC

128

COUNTRY OF

FLORIDA

I, the undersigned authority, personally appear,

Matthew J. Taylor

to be well known to be the person who executed the foregoing Articles of Amendment to Articles of Incorporation and acknowledged before me, according to law, that ... he did make and subscribe the same for the purposes therein contained and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of OCTOBER, 1931.

Matthew J. Taylor

Notary Public

My Commission Expires:

Notary Public State of Florida
My Commission Expires Sept. 30, 1932
For a period of two years from the date of issue.

ANNUAL REPORT

1985

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

NO 41725
LEON COUNTY SICKLE CELL FOUNDATION, INC.
 NATHANIEL Saylor
 105 BARBOURVILLE DRIVE
 TALLAHASSEE, FL

Incorporated or Organized

07/23/1984 applied for

Name of Officer and Director	Title	Street Address of Last Office and Residence If Not Same Then First Five Municipalities	City, State and Zip Code
1 Saylor, Nathaniel	P/D	105 BARBOURVILLE DR	TALLAHASSEE, FL
2 Rollins, William	V/D	RT 13, BOX 28H	TALLAHASSEE, FL
3 Webster, Joseph, SR.	V/G	311 ORLEAN DRIVE	TALLAHASSEE, FL
4 Barnes, Mae F.	S/D	4613 GEARHART ROAD	TALLAHASSEE, FL
5 Davis, Lubertha	S/D	2241 POTTS ROAD	TALLAHASSEE, FL
6 Williams, Katie	T/D	1839 CENTERVILLE RD	TALLAHASSEE, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

8. Name and Address of the Registered Agent

Saylor, Nathaniel
 105 BARBOURVILLE DRIVE
 TALLAHASSEE, FL

Name

Street Address (Do Not Use P.O. Box Number)

City, State and Zip Code

I, Nathaniel Saylor, do hereby acknowledge that I am the registered agent for the corporation named above and that I have accepted the appointment of registered agent for the corporation for the purpose of receiving its registered office or its service of process, if any, in the State of Florida. Such change was authorized by resolution duly adopted by the Board of Directors of the corporation.

I hereby accept the appointment of registered agent for the corporation and agree to the obligations of Section 627.123 F.S.

SIGNATURE Nathaniel Saylor
 Registered Agent Accepting Appointment

DATE 19 Feb 1985

\$3.00 additional fee required for Registered Agent changes.

See a signature checklist under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver of Funds, Empowered to Execute This Report as Required by Checkmark 1.
 I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As My Signature On Paper
 (Officer signing must be listed in Block 6)

Nathaniel Saylor
 Name of Signed Under
 Nathaniel Saylor

President

19 Feb 1985
 File No. H-500-3427
 H (904) 224-6639

CERTIFICATE OF STATUS

\$5 additional fee required for a Certificate of Status

THE STATE OF FLORIDA - DIVISION OF CORPORATION AFFAIRS - OF EACH YEAR

1980

Read Notice and Instructions on Other Side Before Mailing
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

ALL INFORMATION CONTAINED HEREIN IS UNPUBLISHED AND CONFIDENTIAL.

1172 S
A COUNTY SICKLE CELL FOUNDATION, INC.
NATHANIEL SNAILOR
105 BARBOURVILLE DRIVE
TALLAHASSEE, FL

07-13-1984

04-04-1985

MR. P. NATHANIEL	P.O. 105 BARBOURVILLE DR	TALLAHASSEE, FL
MRS. S. WILLIAM	V.O. RT 13, BOX 284	TALLAHASSEE, FL
ESTER, JOSEPH, SR.	V.O. 311 ORLEAN DRIVE	TALLAHASSEE, FL
SARAS, INC F.	S.O. 4813 GEARHART ROAD	TALLAHASSEE, FL
SARAH LIBERTHA	S.O. 2241 POTTS ROAD	TALLAHASSEE, FL
WILLIAMS, LATIE	T.O. 1819 CENTERVILLE RD	TALLAHASSEE, FL

REGISTERED AGENT INFORMATION

NATHANIEL
105 BARBOURVILLE DRIVE
TALLAHASSEE, FL

William P. Kellars

RT 13 Box 228-H

Tallahassee, FL 32312

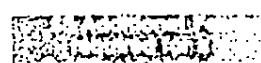
\$3.00 additional fee required for Registered Agent changes

ALL INFORMATION CONTAINED HEREIN IS UNPUBLISHED AND CONFIDENTIAL.
DO NOT CIRCULATE OR DISTRIBUTE OUTSIDE THE CORPORATION AFFAIRS DIVISION.
DO NOT CIRCULATE OR DISTRIBUTE OUTSIDE THE CORPORATION AFFAIRS DIVISION.
DO NOT CIRCULATE OR DISTRIBUTE OUTSIDE THE CORPORATION AFFAIRS DIVISION.

V

WD

10



William A. Rollins - P
Rt 12 Box 228 - H. TALLAHASSEE, FLA.
Clarence White - V
4551 THOMASVILLE RD. - TALLAHASSEE,
FLA. 32308

DR. Earl B. Britt - V
1635 PHYSICIANS DRIVE, TALLAHASSEE, FLA.

Mae E. Barnes - S
4413 ECKHART ROAD, TALLAHASSEE, FLA.

Sherman Davis - S
2241 POTTS ROAD, TALLAHASSEE, FLA.

Patricia Sykes - T
2815 ~~Other~~ ROAD, TALLAHASSEE, FLA.
OIESON ROAD

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

REGISTRATION



FLORIDA DEPARTMENT OF STATE
Division of Secretary
Secretary of State
Division of Corporations

**ANNUAL REPORT
1987**

FEE JUL 13 1987 10411

4. Read Notice and Instruction on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

RECEIVED AND FILED IN RECORDING SECTION OF FLORIDA SECRETARY OF STATE'S OFFICE

NO. 172 5
LEON COUNTY SICKLE CELL FOUNDATION, INC.
CHARLES SAILOR
105 SPRUCEVILLE DRIVE
TALLAHASSEE, FL.

A Person's address is required in any way. Enter the current address
in Item 3 and use Zip Code.

2. Enter Change of Address of Corporation Principal
Office, P.O. Box Number Above is NOT Sufficient

Street Address 21

P.O. Box No. 22

P.O. Box 10411

City and State 23

Tallahassee, Florida

Zip Code 34

32302

1. Date of Incorporation	07/13/1984	4. Federal Employer Identification Number (EIN)	5. Date of Last Report
--------------------------	------------	--	---------------------------

6. Current Address of Each Officer and Director, as of December 31, 1988			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (DO NOT USE P.O. Box Numbers)	City and State

COLLINS, WILLIAM A.	P	RT. 13, BOX 228-H	TALLAHASSEE, FL.
WHITE, CLARENCE	V	4551 THOMASVILLE RD.	TALLAHASSEE, FL.
FRITT, EARL B.	V	1635 PHYSICIANS DR.	TALLAHASSEE, FL.
BARNES, THE F.	S	4813 GEARLARTI ROAD	TALLAHASSEE, FL.
DAVIS, ELBERTHA	S	7241 POTTS ROAD	TALLAHASSEE, FL.
JONES, PATRICIA	T	2815 OLESON ROAD	TALLAHASSEE, FL.

3. Name and Address of New Registered Agent

Name 31

Clarence White

Street Address 1 (DO NOT USE P.O. Box Number) 82

4551 THOMASVILLE RD.

Street Address 2 (DO NOT USE P.O. Box Number) 83

Tallahassee, Florida 32304

City and State 84

Zip Code 85

FL.

I, the undersigned, the President of Foundation No. 323 and No. 357, Florida Sunsets, the above-named corporation, incorporated under the laws of the State of Florida, submit this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

I, the undersigned, am authorized by resolution duly adopted by its Board of Directors on _____.

I, the undersigned, am the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

I, the undersigned,
Registered Agent Accepting Appointment

DATE

\$3.00 additional fee required for Registered Agent changes.

See signature instructions under instructions on reverse side of this form

I, the undersigned, an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S., declare that I understand my Signature on This Report Shall Have the Same Legal Effects As It Made Under Oath.
(Signature must be placed in Block #1)

Date

5/29/87

893-9788

Clarence White

President

\$3 Additional Fee
required for a
Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
REGISTRATION
DIVISION OF CORPORATION

S25 Required — Make Checks Payable To: Secretary of State

N04172
LEON COUNTY SICKLE CELL FOUNDATION, INC.
P.O. BOX 10411
105 BARBOURVILLE DRIVE
TALLAHASSEE, FL 32302

For the Charge of Assessing the County of Middlesex
£2000 00 for the Poor Asylum & Poor House

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• 100 •

POLLINS, WILLIAM A.	P	RT. 13, BOX 228-H	TALLAHASSEE, FL.
WHITE, CLARENCE	V	4551 THOMASVILLE RD.	TALLAHASSEE, FL.
BRITT, EARL B.	V	1635 PHYSICIANS DR.	TALLAHASSEE, FL.
BARNES, MAE F.	S	4813 GEARLARTI ROAD	TALLAHASSEE, FL.
DAVIS, LUBERTHA	S	7241 POTTS ROAD	TALLAHASSEE, FL.
SYKES, PATRICIA	T	2815 OLESON ROAD	TALLAHASSEE, FL.

REGISTERED AGENT INFORMATION

WHITE, CLARENCE
4551 THOMASVILLE ROAD
TALLAHASSEE, FL 32306

Davis, Lubergia

7241 Potts Road

Tallahassee -

F

December 15, 1987

DATE 3/3/2013

July Thirtieth An Order of Council of the Governor, the Executive or Other Department to Execute The Plan at Annexed to Chapter No. 7 E.
New Haven July Thirtieth M. S. Signature On This Plan of What Were the Same with Errors At P. M. Under Date.

President

(2004) 395 - 8529

**\$5 Additional
Fees required for
Commercial**

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED OCTOBER 11, 1989

APPENDIX

ANNUAL REPORT

1989

Filing Fee of \$33 Required - Make Checks Payable To: Secretary of State

NO4172 5
LEON COUNTY SICKLE CELL FOUNDATION, INC.
P.O. BOX 10411
105 BARBOURVILLE DRIVE
TALLAHASSEE, FL 32302-2411

	07/13/1984	59-2518049	03/31/1988
0	Bellinda Hubbard	2528 Mission Rd.	Tallahassee, Fl.
1	Ervin Holiday	800 W. Brevard St.	Tallahassee, Florida
2	BRITT, EARL B.	1635 PHYSICIANS DR.	TALLAHASSEE, FL.
3	Linda Dixie	403 Thomas St.	Quincy, Fl.
4	DAVIS, LUBERTHA	7241 POTTS ROAD	TALLAHASSEE, FL.
5	J.W. Mitchell	A235 Woodville	TALLAHASSEE, FL.

REGISTERED AGENT INFORMATION

DAVIS, LUBERTHA
7241 POTTS ROAD
TALLAHASSEE, FL. 32304

FL

8-1-89

Bellinda Hubbard

Ex. Director

222-2355

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION



ANNUAL REPORT
1990

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS

(Read Notice and Instructions on Other Side Before Mailing Envelope
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office:

NO4172 5

ZIP + 4 PRESORT
LEON COUNTY SICKLE CELL FOUNDATION, INC.
P.O. BOX 10411
105 BARBOURVILLE DRIVE
TALLAHASSEE, FL 32302-2411

A second address is required in any way after the current address
is sent to Florida ZIP Code

Date Enclosed or Due Date:

07/13/1984

File Review

59-2518049

FEE PAID BY MAILER FOR
FILE NUMBER 59-2518049

Address of Street Locations of Each Other and Directly Related Business Operations

Other Address of Each

Corporation

D HUBBARD, BELINDA

2528 MISSION RD.

TALLAHASSEE, FL.

V/D HOLIDAY, ERVIN

800 W BREWSTER ST.

TALLAHASSEE, FL.

H/D Barbara Bogeman
BRITT, EARL B.

933 Kendall Drive
1636 PHYSICIANS DR.

TALLAHASSEE, FL.

S BIXIE, LINDA

489 THOMAS ST.

QUINCY, FL.

D Francis Torchard
DAVIS, LUBERTHA

Route 5, Box 103
7241 POTTS ROAD

TALLAHASSEE, FL.

T MITCHELL, J W

4235 WOODVILLE

TALLAHASSEE, FL.

REGISTERED AGENT INFORMATION

DAVIS, LUBERTHA
7241 POTTS ROAD
TALLAHASSEE, FL. 32304

Florida Registered Agent and Registered Office

FL

2-22-90

Linda Hubbard

Eva Director

404-222-2355

\$5 Additional Fee
Required by a
Corporation of State

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE
DIVISION OF CORPORATIONS

RECEIVED
FL. SECRET. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Power of Attorney or Other State Entity Making Entries
FILING FEE OF \$61.25 REQUIRED

DOCUMENT # N04172 (5)

ZIP + 4 PRESORT

X LEON COUNTY SICKLE CELL FOUNDATION, INC.
923 1/2 OLD BRIDGE RD.
P O BOX 10411
TALLAHASSEE, FL 32302-2411

DO NOT WRITE IN THIS SPACE

1. Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

2. Agent Address

3. P.O. Box No.

4. City and State

5. Zip Code

6. Name, Address and Phone Number of Person to whom to file in case of emergency

Relationship to Director or Manager or Officer	Relationship	FEES - Power of Attorney or Certificate of Status	5 \$8.75 Additional Fee required for a Certificate of Status
D	HUBBARD, BELINDA	2528 MISSION RD.	CERTIFICATE OF STATUS DESIRED
V,D	BOZEMAN, BARBARA	933 KENDALL DRIVE	TALLAHASSEE, FL.
S	FOREHAND, FRANCIS	RT 5 BOX 103	TALLAHASSEE, FL.
D	DAVIS, LUBERTHA	7241 POTTS ROAD	QUINCY, FL.
T	MITCHELL, J W	4235 WOODVILLE	TALLAHASSEE, FL.

REGISTERED AGENT INFORMATION

DAVIS, LUBERTHA
7241 POTTS ROAD
TALLAHASSEE, FL. 32304

FL.

STATE OF FLORIDA, I, the undersigned, do hereby declare under penalty of perjury that the information contained in this document is true and correct to the best of my knowledge and belief. I understand that if any statement made in this document is false, it is a felony offense to make such a statement.

I further declare that I am the registered agent for the corporation named above and that I have the authority to execute this document on behalf of the corporation. I also declare that I have read and understood the instructions contained in the instructions section of this document and that I have followed them to the best of my ability.

Belinda Hubbard

Belinda Hubbard

Exe. Director

Date 3-26-91
Phone (904) 222-2353

**REMOVAL FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required
for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

ANNUAL REPORT
1992



FLORIDA SECRETARY OF STATE
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVING
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

RE24-2

Read Instructions on Other Side Before Making Entries
FILING FEE \$61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT #N04172 (5)
LEON COUNTY SICKLE CELL FOUNDATION, INC.
 923 1/2 OLD BAINBRIDGE RD
 P O BOX 10411
 TALLAHASSEE FL 32303-6042

2. Name and Mailing Address of Person Designated to Receive Service of Process
 21 Mailing Address
 923 1/2 Old Bainbridge Road
 22 P.O. Box
 P.O. Box 10411
 23 City and State
 Tallahassee, Florida 32302

3. Date Incorporation Certified
 To Our Honor to Recd. 07/13/1984

1. Annual Report	4. File Number	5. Registered Agent for Corporations	6. \$8.75 Mailing Fee Required for a Certificate of Status
03/05/1991	59-2518049	6. Registered Agent for Corporations	CERTIFICATE OF STATUS

	Name of Person and Address	Name of Person and Address	
D	HUBBARD X BELINDA Merritt, Sheila	2528 MISSION ROAD 609 Hampton Avenue	TALLAHASSEE, FL.
V/D	BOZEMAN X BARBARA Hubbard Belinda	923 KENDALL DRIVE 2528 Mission Road	TALLAHASSEE, FL.
S	FOREHAND, FRANCIS	RT 5 BOX 103	QUINCY, FL.
D	DAKIS X LUBERTINA McGill, William	7211 POTS ROAD 438 WEST P.O. Box 98 Brevard St + X2222 MOORXALE 640 Palm Dr P.O. Box 3994 Street	TALLAHASSEE, FL.
T	HIXXON X HARRY Handsford, Harry		

Sheila L Merritt gave authorization by phone to Complete back b. 2/1/92

REGISTERED AGENT INFORMATION

DAVIS, LUBERTINA
7241 POTS ROAD
TALLAHASSEE, FL 32304

61 Name and Address of Registered Agent
 William McGill
 62 Registered Agent for Corporations
 438 W. Brevard Street Rm 14
 63 Registered Agent for Mailing
 64 City
 Tallahassee FL 32301

10. I declare under penalty of perjury that the above is true. I declare under penalty of perjury that the above is true.

I declare under penalty of perjury that the above is true. I declare under penalty of perjury that the above is true.

SIGNATURE *Sheila L. Merritt* 2/12/92

Sheila L. Merritt Executive Director 904 222-2355

File Now Filing Fee after May 1 is \$225.00

10003

DOCUMENT # NO4172 (5)

LEON COUNTY SICKLE CELL FOUNDATION, INC.
923 1/2 OLD BAINBRIDGE RD
P O BOX 10411
TALLAHASSEE FL 32303-6042

P.O. Box 10411

Tallahassee, Florida

32302

Address and Address of Clifford Registered Agent

MERRITT, SHEILA L.
313 N. Macomb Street Suite 8
TALLAHASSEE FL 32302

DIRECTOR
MERRITT, SHEILA
609 HAMPTON AVE.
TALLAHASSEE FL

VICE-PRESIDENT/D
HIBBARO, SELINDA
2528 MISSION RD.
TALLAHASSEE FL

SECRETARY/D
FOREHAND, FRANCIS
RT 5 BOX 103 / IV 7
DOUGSY FL

PRESIDENT/D
MCQUILL, WILLIAM
138 W. BREVARD ST. #14
TALLAHASSEE FL

TREASURER /D
MADOFSCORD, HARRY
640 PALM BCH ST.
TALLAHASSEE FL

07/13/1984

02/24/1992

592518049

\$8.75 Account

Fees Received

\$5.00 MSA

Assistance

\$138.75 Corp.

Non Profit Org.

X

10. Name and Address of New Registered Agent

FL

3/3/93

Sheila L. Merritt

Executive Director

904 222-2355

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1994

LEON COUNTY SENTINEL FOUNDATION INC.

DOCUMENT #

N04172 (5)

K331Z008546006:RR
P O BOX 10411
TALLAHASSEE FL 32302

2027540082006206:ED
P O BOX 10411
TALLAHASSEE FL 32302

P.O. Box 10411 110 W. 5th Avenue

Tallahassee, Florida 32301

32301 23 32303 30

Name and Address of Current Registered Agent:

MCGILL, WILLIAM
438 W. BREVARD ST., #14
TALLAHASSEE FL 32301

D
MERRITT, SHEILA
609 HAMPTON AVE.
TALLAHASSEE FL

V.D.
HUBBARD, BELINDA
2528 MISSION RD.
TALLAHASSEE FL

S
FOREHAND, FRANCIS
RT 5 BOX 103
GUNCY FL

D
MCGILL, WILLIAM
438 W. BREVARD ST. #14
TALLAHASSEE FL

T
HANDSFORD, HARRY
640 PALM BCH ST.
TALLAHASSEE FL

ST. ANN'S FL 32312

07/13/1984

05/01/1993

59-2518049

5. Name and Address of Person to whom Notice of Service is to be made:

\$8.75 Additional Fee Required

7. Name and Address of Person to whom Notice of Service is to be made:

\$5.00

8. Name and Address of Person to whom Notice of Service is to be made:

10. Name and Address of New Registered Agent:

61 110 W. 5th Avenue
62 TALLAHASSEE, FLORIDA 32302
63
64

FL

13. Name and Address of Person to whom Notice of Service is to be made:
D
Robin Wood
1810 Lucky Street
Quincy, Florida 32351
7/9/84
William Hollins
Route 11, Box 226 H
Tallahassee, Florida 32311
D/C
William McGill
438 W. Brevard St. #14
Tallahassee, Florida 32301
T
Libertha Davis
2741 Potts Road
Tallahassee, Florida 32303

SIGNATURE: *Allen J. Black*, Robin L. Wood, Executive Director 7/26/94 292-4370