

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723075

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF AMERICA, ST. PETERSBURG, CHAPTER, INC.**FILED**
Apr 19, 2023
Secretary of State
8452953986CC**Current Principal Place of Business:**1344 22ND STREET S
C-4
SAINT PETERSBURG, FL 33712**Current Mailing Address:**1344 22ND STREET S
C-4
SAINT PETERSBURG, FL 33712**FEI Number: 59-1846404****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MURPH, MARY
1430 63RD AVENUE SOUTH
ST PETERSBURG, FL 33705 US*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**Officer/Director Detail :**Title PD
Name MURPH, MARY
Address 1430 63RD AVE. SOUTH
City-State-Zip: ST. PETERSBURG FL 33705Title VPD
Name POOLE, CAROLYN
Address 2554 38TH ST SO.
City-State-Zip: SAINT PETERSBURG FL 33711Title T
Name LOVE, LULA
Address 828 62 PL SOUTH
City-State-Zip: ST. PETERSBURG FLTitle REC SEC
Name LAW, SANDRA
Address 5590 10TH STREET SOUTH
City-State-Zip: SAINT PETERSBURG FL 33710

I hereby 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 all other like empowered.

SIGNATURE: MARY MURPH**PRESIDENT****04/19/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date