2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2014
Secretary of State
CC1864238352

DOCUMENT# 723075

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF AMERICA, ST. PETERSBURG, CHAPTER, INC.

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: Yes

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 33705

Title	VPD
Name	POOLE, CAROLYN
Address	2554 38TH ST SO.
City-State-Zip:	SAINT PETERSBURG FL 33711

Title	T
Name	LOVE, LULA
Address	828 62 PL SOUTH
City-State-Zip:	ST. PETERSBURG FL

Title	FIN SECRET
Name	SMITH, MELVIN
Address	5590 10TH STREET SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	REC SEC
Name	WILLIAMS, FRANCES
Address	2201 25TH AVE SOUTH
City-State-Zip:	SAINT PETERSBURG FL 33712

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 01/31/2014

Electronic Signature of Signing Officer/Director Detail — Date