

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740702

Entity Name: ESCAMBIA COUNTY SICKLE CELL FOUNDATION, INC.

Current Principal Place of Business:

321 N DEVILLIRES ST SUITE 219
PENSACOLA, FL 32501

Current Mailing Address:

321 N DEVILLIRES ST SUITE 219
P. O. BOX 9132
PENSACOLA, FL 32513 US

FEI Number: 59-1780377

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, WALTER JAMES SR.
709 WOODLAND DR.
PENSACOLA, FL 32503 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: WALTER JAMES WALLACE,SR

04/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WALLACE, WALTER J
Address 709 WOODLAND DR
City-State-Zip: PENSACOLA FL 32503

Title VP
Name KYLE, JOESPH
Address P.O. BOX 9031
City-State-Zip: PENSACOLA FL 32513

Title SECT
Name SMITH, GEORGETTA
Address 517 W. STRONG ST
City-State-Zip: PENSACOLA FL 32501

Title TD
Name GREEN, LINDA
Address 2200 BLUE LAKE DRIVE
City-State-Zip: PENSACOLA FL 32506

Title MD
Name GRIER, PAMELA M
Address 1682 CEDRUS LANE
City-State-Zip: PENSACOLA FL 32514

Title CS
Name COLEMAN, ETHEL W
Address 1620 E. ANDERSON
City-State-Zip: PENSACOLA FL 32503

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: WALTER J. WALLACE, SR

PRESIDENT

04/07/2024

Electronic Signature of Signing Officer/Director Detail

Date