

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745106

Entity Name: SICKLE CELL ASSOCIATION OF HILLSBOROUGH COUNTY, INC.**FILED**
Jan 27, 2020
Secretary of State
7947118148CC**Current Principal Place of Business:**3402 N. 22ND STREET
TAMPA, FL 33605**Current Mailing Address:**P.O. BOX 310364
TAMPA, FL 33680**FEI Number: 59-2376802****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REDDICK, FRANK A.
3402 N. 22ND ST.
TAMPA, FL 33605 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: FRANK A. REDDICK****01/27/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD	Title	TD
Name	REDDICK, FRANK	Name	DAWSON, PATRICIA ESQ.
Address	4610 JOHN BELL DR.	Address	1211 N. WESTSHORE BLVD. 307
City-State-Zip:	TAMPA FL	City-State-Zip:	TAMPA FL 33607
Title	SD	Title	VD
Name	HAMILTON, JEWEL	Name	DONNA DOUGLAS
Address	4212 E. TEMPLE HEIGHTS RD.	Address	30315 DOUBLE DRIVE
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	WESLEY CHAPEL FL 33545

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: FRANK REDDICK**PRESIDENT****01/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date