

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04172

FILED
May 03, 2016
Secretary of State
CC0756858266

Entity Name: SICKLE CELL FOUNDATION, INCORPORATED

Current Principal Place of Business:

1336 VICKERS RD
TALLAHASSEE, FL 32303

Current Mailing Address:

1336 VICKERS RD
TALLAHASSEE, FL 32303 US

FEI Number: 59-2518049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVENS, VELMA PENERMON
1336 VICKERS RD
TALLAHASSEE, FL 32303 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: VELMA PENERMON STEVENS

05/03/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name STEVENS, VELMA P
Address 906 KENDALL DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT
Name PARKS, DARYL ESQ
Address 240 NORTH MAGNOLIA DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name SCOTT, TAITA
Address 3225 HESTER DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY
Name DAVIS, PAMELA
Address 8108 PRESERVATION COURT
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name FENNAL, MILDRED D
Address 1336 VICKERS RD
City-State-Zip: TALLAHASSEE FL 32303

Title VC
Name ROLLINS, JEFFREY
Address 1336 VICKERS RD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name ONIFADE, TIFFIANI J
Address 1336 VICKERS RD
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name DAVIS, MARVA
Address 121 S. MADISON STREET
City-State-Zip: QUINCY FL 32351

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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: VELMA PENERMON STEVENS

EXECUTIVE DIRECTOR

05/03/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TORRES-HANSEN, AURORA MAGLALENA
Address 8108 PRESERVATION COURT
City-State-Zip: TALLAHASSEE FL 32312

Title OTHER
Name BLACKSHEAR, ALFREDA
Address 1215 LEE AVENUE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name COLLINS, JUAN
Address 3700 CAPITAL CIRCLE
City-State-Zip: TALLAHASSEE FL 32311

Title TREASURER
Name THOMAS, TRACY
Address 505 KING SOLOMON DRIVE
City-State-Zip: TALLAHASSEE FL 32305

Title DIRECTOR
Name ROLLINS, WILLIAM
Address 5460 E. ROLLINS POINTE
City-State-Zip: TALLAHASSEE FL 32312

Title OTHER
Name WALKER, BARBARA
Address 240 NORTH MAGNOLIA STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name ROYAL, LOUISE
Address 1820 VINEYARD WAY
City-State-Zip: TALLAHASSEE FL 32317