

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04172

**FILED**  
**May 05, 2015**  
**Secretary of State**  
**CC9349325893**

**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

05/05/2015

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 VP  
Name HOLIDAY, ERVIN SR.  
Address 1336 VICKERS RD  
City-State-Zip: TALLAHASSEE FL 32303

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

Title SECRETARY  
Name DUNCAN, PAMELA D  
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 DIRECTOR  
Name ROLLINS, JEFFREY  
Address 1336 VICKERS RD  
City-State-Zip: TALLAHASSEE FL 32303

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

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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**

05/05/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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