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				03/23/2020			
	Electronic Signature of Registered Agent			Date			
Officer/Dire	ctor Detail :						
Title	CEO	Title	PRESIDENT				
Name	STEVENS, VELMA P	Name	PARKS, DARYL ESQ				
Address	906 KENDALL DRIVE	Address	240 NORTH MAGNOLIA DRIVE				
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301				
Title	DIRECTOR	Title	SECRETARY				
Name	SCOTT, TAITA	Name	DAVIS, PAMELA				
Address	3225 HESTER DRIVE	Address	8108 PRESERVATION COURT				
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32312				
Title	DIRECTOR	Title	VC				
Name	FENNAL, MILDRED D	Name	ROLLINS, JEFFREY				
Address	1336 VICKERS RD	Address	1336 VICKERS RD				
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL 32303				
Title	DIRECTOR	Title	DIRECTOR				
Name	DAVIS, MARVA	Name	TORRES-HANSEN, AURORA MAGLALENA				
Address	121 S. MADISON STREET	Address	8108 PRESERVATION COURT				
City-State-Zip:	QUINCY FL 32351	City-State-Zip:	TALLAHASSEE FL 32312				
		Continues on page 2					

Current Mailing Address:

Current Principal Place of Business:

1336 VICKERS RD TALLAHASSEE, FL 32303 US

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DOCUMENT# N04172

1336 VICKERS RD TALLAHASSEE, FL 32303

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SICKLE CELL FOUNDATION, INCORPORATED

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 STEVENS

03/23/2020 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 23, 2020 Secretary of State

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Continues on page 2

Officer/Director Detail Continued :

Title	DIRECTOR	Title	OTHER
Name	ROLLINS, WILLIAM	Name	BLACKSHEAR, ALFREDA
Address	5460 E. ROLLINS POINTE	Address	1215 LEE AVENUE
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32303
Title	OTHER	Title	DIRECTOR
Name	WALKER, BARBARA	Name	COLLINS, JUAN
Address	240 NORTH MAGNOLIA STREET	Address	3700 CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32311
Title	DIRECTOR	Title	TREASURER
Name	ROYAL, LOUISE	Name	THOMAS, TRACY
Address	1820 VINEYARD WAY	Address	505 KING SOLOMON DRIVE
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32305
Title	DIRECTOR	Title	DIRECTOR
Name	LAMPKIN, LA'TARA	Name	THOMAS, JUANITA
Address	1103 WINTER LANE	Address	2768 LAURELWOOD LANE
City-State-Zip:	TALLAHASSEE FL 32311	City-State-Zip:	TALLAHASSEE FL 32308
T :41 -			
Title			
Name	HUDSON, LOUISE		
Address	2390 PHILLIPS RD		

City-State-Zip: TALLAHASSEE FL 32308