

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04172

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**7219849388CC**

**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

03/15/2021

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

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

**Continues on page 2**

*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

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name LAMPKIN, LA'TARA  
Address 1103 WINTER LANE  
City-State-Zip: TALLAHASSEE FL 32311

Title DIRECTOR  
Name HUDSON, LOUISE  
Address 2390 PHILLIPS RD  
City-State-Zip: TALLAHASSEE FL 32308

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 THOMAS, JUANITA  
Address 2768 LAURELWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32308