

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004608

Entity Name: HANDS OF HOPE-SICKLE CELL AWARENESS FOUNDATION
INC.**FILED**
Aug 01, 2016
Secretary of State
CC1147379086**Current Principal Place of Business:**4601 N. 36TH STREET
TAMPA, FL 33610**Current Mailing Address:**4601 N. 36TH STREET
TAMPA, FL 33610 US**FEI Number: 46-2810241****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WARD, IRVING L
3201 E. ELM STREET
TAMPA, FL 33610 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MITCHELL, CECELIA K
Address	4601 N. 36TH STREET
City-State-Zip:	TAMPA FL 33610

Title	D
Name	ELLIOTT, GLORIA
Address	416 GREEN ARBOR DRIVE
City-State-Zip:	BRANDON FL 33511

Title	D, SECRETARY
Name	BIRDSONG, ANGELA
Address	185117F SAILFISH DRIVE
City-State-Zip:	LUTZ FL 33558

Title	D
Name	BRANTLEY, JC
Address	2528 N 55TH STREET
City-State-Zip:	TAMPA FL 33619

Title	TREASURER
Name	BELLAMY, LEON
Address	8621 N. 39TH STREET UNIT A
City-State-Zip:	TAMPA FL 33604

Title	DIRECTOR
Name	MONICA, SAVAGE
Address	709 PADDINGTON PLACE
City-State-Zip:	BRANDON FL 33510

Title	DIRECTOR
Name	SAVAGE, DALE
Address	709 PADDINGTON PLACE
City-State-Zip:	BRANDON FL 33510

Title	DIRECTOR
Name	ASHLEY, LILLIE
Address	3405 MORNING SET COURT
City-State-Zip:	TAMPA FL 33614

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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: CECELIA MITCHELL**PRESIDENT****08/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GIRARD, THERESA
Address	302 SAVANNAH OAKS PL
City-State-Zip:	SEFFNER FL 33584