

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

DOCUMENT# N13000004608

**FILED**  
**Mar 24, 2021**  
**Secretary of State**  
**1861584229CC****Entity Name:** HANDS OF HOPE-SICKLE CELL AWARENESS FOUNDATION  
INC.**Current Principal Place of Business:**11213 N. NEBRASKA AVENUE  
404  
TAMPA, FL 33612**Current Mailing Address:**11213 N. NEBRASKA AVENUE  
404  
TAMPA, FL 33612 US**FEI Number: 46-2810241****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BELLAMY-WARD, ETHEL 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:** ETHEL L BELLAMY-WARD**03/24/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MITCHELL, CECELIA K
Address	4502 N. 40TH STREET
City-State-Zip:	TAMPA FL 33610

Title	DIRECTOR
Name	JOHNSON-WILLIAMS, SHELIA
Address	2014 E. NORTH BAY STREET
City-State-Zip:	TAMPA FL 33610

Title	DIRECTOR
Name	FERRELL III, GRADY
Address	4415 BOOKER T. DRIVE
City-State-Zip:	TAMPA FL 33610

Title	DIRECTOR
Name	WILLIAMS, SHARONDA
Address	12220 N. 16TH STREET APT.439
City-State-Zip:	TAMPA FL 33612

Title	SECRETARY
Name	ANDERSON, ATYIA K
Address	5002 N. 39TH STREET
City-State-Zip:	TAMPA FL 33610

Title	DIRECTOR
Name	ROMO, TONY
Address	6817 BELLE SHADOW LANE
City-State-Zip:	TAMPA FL 33634

*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**EXECUTIVE DIRECTOR****03/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date