

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004608

**Entity Name:** HANDS OF HOPE-SICKLE CELL AWARENESS FOUNDATION  
INC.**FILED**  
**Feb 01, 2022**  
**Secretary of State**  
**8486969785CC****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: No****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****02/01/2022**

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, TREASURER  
**Name** JOHNSON-WILLIAMS, SHELIA  
**Address** 2014 E. NORTH BAY STREET  
**City-State-Zip:** TAMPA FL 33610**Title** DIRECTOR  
**Name** AXON, SHARONDA  
**Address** 12220 N. 16TH STREET APT.439  
**City-State-Zip:** TAMPA FL 33612**Title** DIRECTOR, 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**Title** DIRECTOR  
**Name** WAKEFIELD, JESSICA  
**Address** 6817 BELLE SHADOW LANE  
**City-State-Zip:** TAMPA FL 33634**Title** DIRECTOR  
**Name** JONES, RODNEY  
**Address** 18120 SUGAR BROOKE DRIVE  
**City-State-Zip:** TAMPA FL 33647

*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****02/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date