

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004608

Entity Name: HANDS OF HOPE-SICKLE CELL AWARENESS FOUNDATION
INC.**FILED**
Mar 25, 2019
Secretary of State
0584212169CC**Current Principal Place of Business:**4502 N. 40TH STREET
TAMPA, FL 33610**Current Mailing Address:**4502 N. 40TH 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 4502 N. 40TH STREET
City-State-Zip: TAMPA FL 33610Title D
Name ELLIOTT, GLORIA
Address 416 GREEN ARBOR DRIVE
City-State-Zip: BRANDON FL 33511Title DIRECTOR
Name MONICA, SAVAGE
Address 709 PADDINGTON PLACE
City-State-Zip: BRANDON FL 33510Title DIRECTOR
Name SAVAGE, DALE
Address 709 PADDINGTON PLACE
City-State-Zip: BRANDON FL 33510Title DIRECTOR
Name JOHNSON-WILLIAMS, SHELIA
Address 2014 E. NORTH BAY STREET
City-State-Zip: TAMPA FL 33610Title DIRECTOR
Name FERRELL III, GRADY
Address 4415 BOOKER T. DRIVE
City-State-Zip: TAMPA FL 33610Title DIRECTOR
Name CRECY, BEVERLY
Address 10201 N. 19TH STREET
City-State-Zip: TAMPA FL 33612Title DIRECTOR
Name WILLIAMS, SHARONDA
Address 12220 N. 16TH STREET APT.439
City-State-Zip: TAMPA FL 33612**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: CECELIA MITCHELL FOUNDER/PRESIDENT**PRESIDENT****03/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KEENAN, HORACE
Address	1319 RIVER COVE STREET
City-State-Zip:	TAMPA FL 33604