

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000726

Entity Name: SICKLE CELL, LUPUS & AUTOIMMUNE DISEASE ORGANIZATION, INC.**Current Principal Place of Business:**3101 CONNECTOR DRIVE
TALLAHASSEE, FL 32303**Current Mailing Address:**3101 CONNECTOR DRIVE
TALLAHASSEE, FL 32303**FEI Number: 47-2882399****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXANDER, KENNETH J
2729 BLAIRSTONE LANE
TALLAHASSEE, FL 32301 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	D/P
Name	OLAYIWOLA, OLABIMPE
Address	3101 CONNECTOR DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	D/VP
Name	MCLIN, KEYSA
Address	3101 CONNECTOR DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	D/S
Name	DOWD, JESSICA
Address	3101 CONNECTOR DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	D/T
Name	WASIF, MERNA
Address	3101 CONNECTOR DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	D/H
Name	CONNER, ALEXIS
Address	3101 CONNECTOR DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	D/C
Name	SHEFFIELD, CRYSTAL
Address	3101 CONNECTOR DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

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: OLABIMPE OLAYIWOLA**P****04/29/2017**

Electronic Signature of Signing Officer/Director Detail

Date