


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 723075 1. Entity Name SICKLE CELL DISEASE ASSOCIATION OF AMERICA, ST. PETERSBURG, CHAPTER, INC.	
--	---

Principal Place of Business 1344 22ND STREET S C-4 SAINT PETERSBURG, FL 33712	Mailing Address 1409 28TH AVENUE SOUTH P.O. 14141 SAINT PETERSBURG, FL 33712
--	---

DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1846404	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPH, MARY
1409 28TH AVENUE SOUTH
ST PETERSBURG, FL 33705

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPH, MARY 1409 28TH AVE. SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POOLE, CAROLYN 2554 38TH ST SO. SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVE, LULA 828 62 PL SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD DAVIS, LOUISE V. 2445 64TH AVENUE SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRNES, BESSIE 991 26TH AVE SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD DENDY, KREDELLE 1128 PINELLAS PT DRIVE SO SAINT PETERSBURG, FL 33705

U00000568008
07/06/06-80004-014 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Murph* **7/3/06** **727-896-2355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #