


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

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

Principal Place of Business <b>1344 22ND STREET S C-4 SAINT PETERSBURG, FL 33712</b>	Mailing Address <b>1344 22ND STREET S C-4 SAINT PETERSBURG, FL 33712</b>
---	---



01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	FSD KIRNES, BESSIE 991 26TH AVE SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESBITT, NAOMI 2810 KIPPS COLONY DR SOUTH GULFPORT, FL 33707

**DO NOT WRITE  
IN THIS SPACE**

U00000812306  
02/12/08-80040-022 70.00

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 1/28/08 727-515-8335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #