

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723075

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** SICKLE CELL DISEASE ASSOCIATION OF AMERICA, ST. PETERSBURG, CHAPTER, INC.

**Current Principal Place of Business:**

1344 22ND STREET S  
C-4  
SAINT PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

1344 22ND STREET S  
C-4  
SAINT PETERSBURG, FL 33712

**New Mailing Address:**

**FEI Number:** 59-1846404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MURPH, MARY  
1430 63RD AVENUE SOUTH  
ST PETERSBURG, FL 33705 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:

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MURPH, MARY  
Address: 1409 28TH AVE. SOUTH  
City-St-Zip: ST. PETERSBURG, FL

Title: VPD ( ) Delete  
Name: POOLE, CAROLYN  
Address: 2554 38TH ST SO.  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: T ( ) Delete  
Name: LOVE, LULA  
Address: 828 62 PL SOUTH  
City-St-Zip: ST. PETERSBURG, FL

Title: RSD ( ) Delete  
Name: DAVIS, LOUISE V.  
Address: 2445 64TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: FSD ( ) Delete  
Name: KIRNES, BESSIE  
Address: 991 26TH AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: NESBITT, NAOMI  
Address: 2810 KIPPS COLONY DR SOUTH  
City-St-Zip: GULFPORT, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY MURPH

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date