2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723075

FILED Mar 25, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1344 22ND STREET S

C-4

SAINT PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

1344 22ND STREET S

C-4

SAINT PETERSBURG, FL 33712

FEI Number: 59-1846404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: MURPH, MARY

Address: 1430 63RD AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VPD

Name: POOLE, CAROLYN Address: 2554 38TH ST SO.

City-St-Zip: SAINT PETERSBURG, FL 33711

Title:

 Name:
 LOVE, LULA

 Address:
 828 62 PL SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL

Title: RSD

Name: DAVIS, LOUISE V

Address: 2445 64TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: FSD

Name: KIRNES, BESSIE
Address: 991 26TH AVE SOUTH

City-St-Zip: SAINT PETERSBURG, FL 33705

Title:

Name: NESBITT, NAOMI

Address: 2810 KIPPS COLONY DR SOUTH

City-St-Zip: GULFPORT, FL 33707

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: MARY MURPH PD 03/25/2011