

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 724102 (9)**  
1. Corporation Name  
**SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business  
**2313 E 28TH AVENUE  
P.O. BOX 11982  
TAMPA FL 33605**

Mailing Address  
**2313 E 28TH AVENUE  
P.O. BOX 11982  
TAMPA FL 33605**

3. Date Incorporated or Qualified  
**08/10/1972**

3a. Date of Last Report  
**03/23/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	<b>3402 N. 22ND STREET</b>	26	<b>P.O. BOX 11982</b>	<b>59-1984847</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	<b>P. O. BOX 11982</b>			6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	<b>TAMPA FLORIDA</b>	<b>TAMPA FLORIDA</b>					
24	Zip <b>33605</b>	25	Country <b>Hillsborough</b>	29	Zip <b>33680</b>	30	Country <b>Hillsborough</b>

## 9. Name and Address of Current Registered Agent

**REDDICK, FRANK A.  
4610 JOHN BELL DRIVE  
TAMPA FL 33610**

## 10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<del>TD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BARTLEY, WILLIAM III, W.</del>	
STREET ADDRESS	<del>1600 GARDEN ST. #39 -</del>	
CITY - ST - ZIP	<del>TITUSVILLE FL -</del>	
TITLE	<del>SD</del>	<input type="checkbox"/> DELETE
NAME	<del>SIMPSON, LENA</del>	
STREET ADDRESS	<del>2857 COLBERT CIRCLE</del>	
CITY - ST - ZIP	<del>MELBOURNE FL</del>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SIMMONS, WILLIAM -</del>	
STREET ADDRESS	<del>205 PEABODY HALL -</del>	
CITY - ST - ZIP	<del>GAINESVILLE FL -</del>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>WILLIAMS, LILLIAN -</del>	
STREET ADDRESS	<del>418 FLETCHER AVENUE -</del>	
CITY - ST - ZIP	<del>DAYTONA BEACH FL -</del>	
TITLE	<del>VD</del>	<input type="checkbox"/> DELETE
NAME	<del>WILEY, SARAH</del>	
STREET ADDRESS	<del>2639 SARANAC # B</del>	
CITY - ST - ZIP	<del>W PALM BEACH FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BARTLEY, WILLIAM III, W.</b>	
1.3 STREET ADDRESS	<b>1600 GARDEN STREET, #39</b>	
1.4 CITY - ST - ZIP	<b>TITUSVILLE FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BUSH, BARBARA, J.</b>	
3.3 STREET ADDRESS	<b>3116 AUSTRALIAN COURT</b>	
3.4 CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	
4.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ROBINSON, TERRY, Y.</b>	
4.3 STREET ADDRESS	<b>7480 HARVEST VILLAGE COURT</b>	
4.4 CITY - ST - ZIP	<b>NAVARRE FL</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>JOHNSON, ELIZABETH</b>	
6.3 STREET ADDRESS	<b>P. O. BOX 3881 "N/A"</b>	
6.4 CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:** William W. Bartley III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/1996

407 267 5176

Date

Daytime Phone #

CR2E037 (12/95)