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FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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

Mailing Address

3402 N 22ND STREET  
P.O. BOX 11982  
TAMPA FL 33605  
USP.O. BOX 11982  
TAMPA FL 33680-1982  
US3. Date Incorporated or Qualified  
**08/10/1972**3a. Date of Last Report  
**03/13/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number

**59-1984847**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BARTLEY III, WILLIAM W.  
STREET ADDRESS 1600 GARDEN STREET #39  
CITY-ST-ZIP TITUSVILLE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME SIMPSON, LENA  
STREET ADDRESS 2857 COLBERT CIRCLE  
CITY-ST-ZIP MELBOURNE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME BUSH, BARBARA J.  
STREET ADDRESS 3116 AUSTRALIAN COURT  
CITY-ST-ZIP WEST PALM BEACH FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME ROBINSON, TERRY Y.  
STREET ADDRESS 7480 HARVEST VILLAGE COURT  
CITY-ST-ZIP NAVARRE FL4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME BULLARD, BLONEVA  
4.3 STREET ADDRESS 2251 NW 28TH STREET  
4.4 CITY-ST-ZIP OAKLAND PARK FLTITLE VD ☐ DELETE  
NAME WILEY, SARAH  
STREET ADDRESS 2639 SARANAC # B  
CITY-ST-ZIP W PALM BEACH FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME JOHNSON, ELIZABETH  
STREET ADDRESS P.O. BOX 3881 NA  
CITY-ST-ZIP WEST PALM BEACH FL6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME REDDICK, FRANK A.  
6.3 STREET ADDRESS 4610 JOHN BELL DRIVE  
6.4 CITY-ST-ZIP TAMPA FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*  
WILLIAM W. BARTLEY III

2/1/97

(813) 248-2888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049238

CR2E037 (9/96)