

FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724102 (9)**  
1. Corporation Name  
**SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business <b>3402 N 22ND STREET P.O. BOX 11982 TAMPA FL 33605 US</b>	Mailing Address <b>P.O. BOX 11982 TAMPA FL 33680 US</b>
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3. Date Incorporated or Qualified <b>08/10/1972</b>
4. FEI Number <b>59-1984847</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>REDDICK, FRANK A. 4610 JOHN BELL DRIVE TAMPA FL 33610</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLEY III, WILLIAM W.</b>	1.2 NAME	
STREET ADDRESS	<b>1600 GARDEN STREET #39</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMPSON, LENA</b>	2.2 NAME	
STREET ADDRESS	<b>2857 COLBERT CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, BARBARA J.</b>	3.2 NAME	
STREET ADDRESS	<b>3116 AUSTRALIAN COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULLARD, BLONEVA</b>	4.2 NAME	
STREET ADDRESS	<b>2251 NW 28TH STREET</b>	4.3 STREET ADDRESS	<b>707 HEINEMAN STREET</b>
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	4.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FLORIDA</b>
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILEY, SARAH</b>	5.2 NAME	
STREET ADDRESS	<b>2639 SARANAC # B</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDICK, FRANK A.</b>	6.2 NAME	<b>FLAKES, BERNADETTE</b>
STREET ADDRESS	<b>4610 JOHN BELL DRIVE</b>	6.3 STREET ADDRESS	<b>P. O. BOX 9352 "N/A"</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FLORIDA</b>

14. I 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 \_\_\_\_\_ 813-248-2888

CR2E037 (10/97)