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**Feb 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3402 N 22ND STREET P.O. BOX 11982 TAMPA FL 33605 US	Mailing Address P.O. BOX 11982 TAMPA FL 33680 US
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3. Date Incorporated or Qualified 08/10/1972	
4. FEI Number 59-1984847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME BARTLEY III, WILLIAM W.	
STREET ADDRESS 1600 GARDEN STREET #39	
CITY-ST-ZIP TITUSVILLE FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME SIMPSON, LENA	
STREET ADDRESS 2857 COLBERT CIRCLE	
CITY-ST-ZIP MELBOURNE FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME BUSH, BARBARA J.	
STREET ADDRESS 3116 AUSTRALIAN COURT	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME BULLARD, BLONEVA	
STREET ADDRESS 2251 NW 28TH STREET	
CITY-ST-ZIP OAKLAND PARK FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME WILEY, SARAH	
STREET ADDRESS 2639 SARANAC # B	
CITY-ST-ZIP W PALM BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME REDDICK, FRANK A.	
STREET ADDRESS 4610 JOHN BELL DRIVE	
CITY-ST-ZIP TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME DURIAS, BARBARA
4.3 STREET ADDRESS 707 HEINEMAN STREET
4.4 CITY-ST-ZIP DAYTONA BEACH, FLORIDA
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME FLAKES, BERNADETTE
6.3 STREET ADDRESS P. O. BOX 9352 "N/A"
6.4 CITY-ST-ZIP CORAL SPRINGS, FLORIDA

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.

CF2E037 (10/97)