


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90102 010 \*\*\*\*70.00

0051914

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 724102</b>					
1. Corporation Name <b>SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.</b>					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/10/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1984847	
24 Country		29 Country		30	
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	
				85 Zip Code	
				FL	

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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLEY III, WILLIAM W.		1.2 NAME	BUSH, BARBARA J.	
STREET ADDRESS	1600 GARDEN STREET #39		1.3 STREET ADDRESS	3116 AUSTRALIAN COURT	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, LENA		2.2 NAME		
STREET ADDRESS	2857 COLBERT CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, BARBARA J.		3.2 NAME	HUDNELL, CHARLIE B.	
STREET ADDRESS	3116 AUSTRALIAN COURT		3.3 STREET ADDRESS	1203 WESTCHESTER DRIVE EAST	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURIAS, BARBARA		4.2 NAME	BARTLEY III, WILLIAM W.	
STREET ADDRESS	707 HEINEMAN ST		4.3 STREET ADDRESS	1600 GARDEN STREET #39	
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, SARAH		5.2 NAME		
STREET ADDRESS	2639 SARANAC # B		5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAKES, BERNADETTE		6.2 NAME		
STREET ADDRESS	PO BOX 9352 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

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

1/8/1999

407.267.5176

Date

Daytime Phone #

CR2E037 (11/98)