

DOCUMENT # 724102

1. Entity Name

SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90029 014 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3402 N 22ND STREET
P.O. BOX 11982
TAMPA FL 33605
US

P.O. BOX 11982
TAMPA FL 33690-1982
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1984847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BUSH, BARBARA
STREET ADDRESS 3116 AUSTRALIAN COURT
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SB~~ ☒ Delete
NAME ~~SIMPSON, LENA~~
STREET ADDRESS ~~2057 COLBERT CIRCLE~~
CITY-ST-ZIP ~~WEEBOUTH FL~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HUDNELL, CHARLIE B
STREET ADDRESS 1203 WESTCHESTER DRIVE EAST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BARTLEY, WILLIAM W III
STREET ADDRESS 1600 GARDEN STREET #39
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VD~~ ☐ Delete
NAME ~~WILEY, SARAH~~
STREET ADDRESS ~~2639 SARAH # B~~
CITY-ST-ZIP ~~W PALM BEACH FL~~

TITLE ☒ Change ☐ Addition
NAME WILEY, SARAH
STREET ADDRESS 515 DEQUOIA DRIVE, #112
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ~~VB~~ ☒ Delete
NAME ~~FLANES, BERNADETTE~~
STREET ADDRESS ~~PO BOX 0332 N/A~~
CITY-ST-ZIP ~~CORAL SPRINGS FL~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William W. Bartley III
WILLIAM W. BARTLEY III
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00
Date

813.248.2888
Daytime Phone #

CR2E037 (9/99)