

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90011 008 \*\*\*\*70.00

**DOCUMENT # 724102**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1984847**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **VD** ☒ Delete  
NAME **THURSTON, KENNETH**  
STREET ADDRESS **5877 N.W. 67TH AVENUE**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **TD** ☒ Delete  
NAME **BARTLEY, WILLIAM W-III**  
STREET ADDRESS **965 PINELAND DRIVE**  
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **VD** ☐ Delete  
NAME **WILEY, SARAH**  
STREET ADDRESS **515 SEQUOIA DR #112**  
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **SD** ☐ Delete  
NAME **DURIAS, BARBARA A**  
STREET ADDRESS **707 HEINEMAN ST**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **TD** ☐ Delete  
NAME **DIXON-JONES, MARIE**  
STREET ADDRESS **3402 N. 22ND ST.**  
CITY-ST-ZIP **TAMPA FL 33605**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

TITLE **VD** ☐ Change ☒ Addition  
NAME **RYAN, LEE**  
STREET ADDRESS **6205 S. OHIO AVE.**  
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK REDDICK**

Date

Daytime Phone #

**2-10-04 813)248-2888**

**54007343**



MOORE

CR2E037 (11/03)