

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90088 025 ****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**

60008934



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1984847

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 BRYAN, LEE
STREET ADDRESS 6205 S OHIO AVE
CITY-ST-ZIP ORLANDO, FL 32805

TITLE VD ☐ Delete
NAME WILLIAMS, BEATRICE
STREET ADDRESS 675 10TH PLACE NORTH
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE VD ☐ Delete
NAME BATTLE, HATTIE
STREET ADDRESS 620 11TH PLACE NORTH
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE SD ☐ Delete
NAME GILLIAM, BARBARA
STREET ADDRESS 707 HEINEMAN ST
CITY-ST-ZIP DAYTONA BEACH, FL 32114

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME MILLER, LAURA
STREET ADDRESS 801 W. BARRS STREET
CITY-ST-ZIP PENSACOLA, FL 32503

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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 any address, with all other like empowered.

SIGNATURE:

FRANK A. REDDICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

813) 248-2888
Date Daytime Phone #