

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724102

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

3402 N 22ND STREET  
TAMPA, FL 33605 US

**Current Mailing Address:**

P.O. BOX 11982  
TAMPA, FL 33680 US

**New Mailing Address:**

FEI Number: 59-1984847      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDLER, LAURA  
Address: 801 W. BARRS STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: VD ( ) Delete  
Name: WILLIAMS, BEATRICE  
Address: 675 10TH PLACE NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD ( ) Delete  
Name: BATTLE, HATTIE  
Address: 620 11TH PLACE NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD ( ) Delete  
Name: GILLIAM, BARBARA  
Address: 707 HEINEMAN ST  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD ( ) Delete  
Name: DIXON-JONES, MARIE  
Address: 3402 N. 22ND ST.  
City-St-Zip: TAMPA, FL 33605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: DIXON-JONES, MARIE  
Address: 1520 N.W. 17TH AVE.  
City-St-Zip: OCALA, FL 34475

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK A. REDDICK

CEO

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date