

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724102

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

3402 N 22ND STREET  
TAMPA, FL 33605 US

**New Principal Place of Business:**

**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  
Name: EDLER, LAURA  
Address: 801 W. BARRS STREET  
City-St-Zip: PENSACOLA, FL 32503

Title: VD  
Name: POWELL, FRANCES  
Address: 640 11TH PLACE NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695

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

Title: SD  
Name: SHEPPARD, ANGELA-HOWARD  
Address: 10396 NW 193RD STREET  
City-St-Zip: MICANOPY, FL 32667

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

I hereby 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 all other like empowered.

SIGNATURE: LAURA EDLER

P

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date