2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

DOCUMENT# 724102

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: BRYANT, VERONICA
Address: 1003 MARLOWE AVE.
City-St-Zip: ORLANDO, FL 32809

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 D. EDLER PD 03/21/2012

Electronic Signature of Signing Officer or Director Date