

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740702

FILED
Jan 29, 2005
Secretary of State

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF ESCAMBIA COUNTY, INC.

Current Principal Place of Business:

709 WOODLAND DR
POB 9132
PENSACOLA, FL 32513

New Principal Place of Business:

514 NORTH DEVILLERS STREET
PENSACOLA, FL 32501

Current Mailing Address:

P.O. BOX 9132
PENSACOLA, FL 32513

New Mailing Address:

P.O. BOX 9132
PENSACOLA, FL 32513 US

FEI Number: 59-1780377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALLACE, WALTER J SR.
709 WOODLAND DR.
PENSACOLA, FL 32503 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: P () Delete
Name: WALLACE, WALTER A SR
Address: 709 WOODLAND DR
City-St-Zip: PENSACOLA, FL 32503

Title: VP () Delete
Name: EDLER, LAURA D
Address: 801 WEST BAARS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SECT () Delete
Name: SMITH, GEPRGETTA
Address: 517 W. STRONG ST
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: BROWN, RENE A C
Address: 5655 N. 9TH AVE APTB8
City-St-Zip: PENSACOLA, FL 32504

Title: MD () Delete
Name: GRIER, PAMELA M
Address: 1500 E. JOHNSON ST APT # 213
City-St-Zip: PENSACOLA, FL 32514

Title: CS () Delete
Name: COLEMAN, ETHEL W
Address: 1620 E. ANDERSON
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECT (X) Change () Addition
Name: SMITH, GEORGETTA
Address: 517 W. STRONG ST
City-St-Zip: PENSACOLA, FL 32501

Title: TD (X) Change () Addition
Name: EDLER, LAURA D
Address: 801 WEST BAARS STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MD (X) Change () Addition
Name: GRIER, PAMELA M
Address: 1682 CEDRUS LANE
City-St-Zip: PENSACOLA, FL 32514

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURA D. EDLER

VP/T

01/29/2005

Electronic Signature of Signing Officer or Director

Date