

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740702

FILED  
Feb 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

514 NORTH DEVILLERS STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9132  
PENSACOLA, FL 32513 US

**New Mailing Address:**

514 NORTH DEVILLERS STREET  
PENSACOLA, FL 32501

**FEI Number:** 59-1780377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: WALLACE, WALTER A SR  
Address: 709 WOODLAND DR  
City-St-Zip: PENSACOLA, FL 32503 US

Title: VP  
Name: KYLE, JOESPH  
Address: P.O. BOX 9031  
City-St-Zip: PENSACOLA, FL 32513 US

Title: SECT  
Name: SMITH, GEORGETTA  
Address: 517 W. STRONG ST  
City-St-Zip: PENSACOLA, FL 32501 US

Title: TD  
Name: HUFF, SAM  
Address: 310 PINERIDGE LANE  
City-St-Zip: PENSACOLA, FL 32514 US

Title: MD  
Name: GRIER, PAMELA M  
Address: 1682 CEDRUS LANE  
City-St-Zip: PENSACOLA, FL 32514 US

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

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: SAM HUFF

TREA

02/10/2012

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

\_\_\_\_\_  
Date