
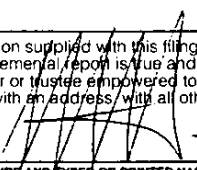


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 025 ****70.00

DOCUMENT # 745106					
1. Entity Name SICKLE CELL ASSOCIATION OF HILLSBOROUGH COUNTY, INC.					
Principal Place of Business 3402 N. 22ND STREET TAMPA, FL 33605			Mailing Address P.O. BOX 310364 TAMPA, FL 33680		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-0157400	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHALEY, GLADYS JAMES A. HALEY V.A. HOSPITAL-111R 13000 NORTH 30TH. ST. TAMPA, FL 33612			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDDICK, FRANK <input type="checkbox"/> Delete 4610 JOHN BELL DR. TAMPA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, EARNEST JR <input type="checkbox"/> Delete 10313 CARROLLWOOD LANE TAMPA, FL 33618				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSBY, CYNTHIA <input type="checkbox"/> Delete 3402 ARBOR OAKS CT TAMPA, FL 33614				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILTON, JEWEL <input type="checkbox"/> Delete 4212 E. TEMPLE HEIGHTS RD. TAMPA, FL 33617				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 				FRANK REDDICK	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 1-18-08 Daytime Phone #: 813-247-5999	