

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745106

FILED
Jan 26, 2009
Secretary of State

Entity Name: SICKLE CELL ASSOCIATION OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

3402 N. 22ND STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 310364
TAMPA, FL 33680

New Mailing Address:

FEI Number: 06-0157400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHALEY, GLADYS
JAMES A. HALEY V.A. HOSPITAL-111R
13000 NORTH 30TH. ST.
TAMPA, FL., FL 33612 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 () Delete
Name: REDDICK, FRANK
Address: 4610 JOHN BELL DR.
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: ALEXANDER, EARNEST JR
Address: 10313 CARROLLWOOD LANE
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: CROSBY, CYNTHIA
Address: 3402 ARBOR OAKS CT
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: HAMILTON, JEWEL
Address: 4212 E. TEMPLE HEIGHTS RD.
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: ALEXANDER, EARNEST JR
Address: 13720 SPRINGER LANE
City-St-Zip: TAMPA, FL 33625

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

Title: SD (X) Change () Addition
Name: HAMILTON, JEWEL
Address: 4214 E. TEMPLE HEIGHTS RD.
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANK A. REDDICK

P/D

01/26/2009

Electronic Signature of Signing Officer or Director

Date