

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745106

FILED
Feb 17, 2011
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: 59-2376802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHALEY, GLADYS
3807 E. NORFOLK STREET
TAMPA, FL 33604 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: REDDICK, FRANK
Address: 4610 JOHN BELL DR.
City-St-Zip: TAMPA, FL

Title: TD
Name: SNEED, KEVIN
Address: 18119 ANTIETAM CT.
City-St-Zip: TAMPA, FL 33647

Title: VP
Name: PITTMAN, BARBARA
Address: 10014 N. DALE MABRY HWY, #101
City-St-Zip: TAMPA, FL 33618

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

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: FRANK REDDICK

PD

02/17/2011

Electronic Signature of Signing Officer or Director

Date