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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:46

DOCUMENT # 751373 (2)

1. Corporation Name

SICKLE CELL DISEASE ASSOCIATION OF AMERICA PALM BEACH COUNTY CHAPTER, INC.

Principal Place of Business	Mailing Address
1600 AUSTRALIAN AVE P O BOX 2402 WEST PALM BCH FL 33402 US	P.O. BOX 2402 WEST PALM BCH FL 33402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1980
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1975315 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JOHNSON, ELIZABETH M
1030 SOUTH MANGONIA CIRCLE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: HUDNELL, CHARLIE
82 Street Address (P.O. Box Number is Not Acceptable): 1203 Westchester Drive, East
83
84 City: West Palm Beach FL 85 Zip Code: 33409

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Charlie Hudnell-President 2/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JOHNSON, ELIZABETH M
STREET ADDRESS	1030 SOUTH MANGONIA CIRCLE
CITY-ST-ZIP	W PALM BEACH, FL 00000
TITLE	PD
NAME	YOUNG, ANNIE
STREET ADDRESS	1462 8TH STREET
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	VPD
NAME	HUDNELL, CHARLIE B
STREET ADDRESS	1203 WESTCHESTER DRIVE, EAST
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD
NAME	BROWN, SHIRLYNN
STREET ADDRESS	3635 WHITEHALL DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VPD
NAME	YOUNG, ANNE
STREET ADDRESS	1462 8TH STREET
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Hudnell, Charlie	
1.3 STREET ADDRESS	1203 Westchester Drive, East	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	Harrell, Doris	
2.3 STREET ADDRESS	980 S.E. 3rd Street	
2.4 CITY-ST-ZIP	Belle Glade, FL 33430	
3.1 TITLE	VPD	☒ Change ☐ Addition
3.2 NAME	Mayes, Delores	
3.3 STREET ADDRESS	1693 West Yorkshire	
3.4 CITY-ST-ZIP	Loxahatchee, FL 33470	
4.1 TITLE	VPD	☒ Change ☐ Addition
4.2 NAME	Bush, Barbara	
4.3 STREET ADDRESS	3116 Australian Court	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Charlie Hudnell 2/8/95 (407)833-3966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0947780