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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751373

1. Corporation Name

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

Principal Place of Business	Mailing Address
1600 N AUSTRALIAN AVE P O BOX 2402 WEST PALM BCH FL 33407-621 US	1600 N AUSTRALIAN AVE WEST PALM BEACH FL 33407-621 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1600 N. Australian Ave	26 1600 N. Australian Ave.	03/04/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1975315 ☐ Applied For ☐ Not Applicable
City & State 23 W.P.Bch., FL	City & State 28 W.P.Bch., FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33407-621 25 USA	Zip / Country 29 33407-621 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HUDNELL, CHARLIE
1203 WEST CHESTER DR E
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRELL, DORIS		1.2 NAME	
STREET ADDRESS	980 SE THIRD ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAYES, DELORES		2.2 NAME	
STREET ADDRESS	1693 WEST YORKSHIRE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUDNELL, CHARLIE B		3.2 NAME	
STREET ADDRESS	1203 WESTCHESTER DRIVE, EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BUSH, BARBARA		4.2 NAME	
STREET ADDRESS	3116 AUSTRALIAN CT		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ANNE		5.2 NAME	
STREET ADDRESS	1462 8TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #