2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90864 028 ****96.25

DOCUMENT # 751373

1. Entity Name

SICKLE CELL DISEASE ASSOCIATION OF AMERICA PALM

Principal Place of Business	Mailing Address
1600 N AUSTRALIAN AVE WEST PALM BCH FL 33407-621 US	1600 N AUSTRALIAN AVE WEST PALM BEACH FL 33407-5621 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1975315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUDNELL, CHARLIE 1203 WEST CHESTER DR E WEST PALM BEACH FL 33409	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.

SIGNATURE Charlie Hudnell, President — 04/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARRELL, DORIS 980 SE THIRD ST BELLE GLADE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer James Davis 3228 Gun Club Road West Palm Beach, FL 33406	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAYES, DELORES 1693 WEST YORKSHIRE LOXAHATCHEE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Recording Secretary Sarah Wiley 515 South Sequoia #112 West Palm Beach, FL 33409	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUDNELL, CHARLIE B 1203 WESTCHESTER DRIVE, EAST WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BUSH, BARBARA 3116 AUSTRALIAN CT WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD YOUNG, ANNE 1462 8TH STREET WEST PALM BEACH FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Charlie Hudnell, President — 04/27/00 — (561)833-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #