

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 751373 1. Entity Name SICKLE CELL FOUNDATION OF PALM BEACH COUNTY, INC.	
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Principal Place of Business 1600 N AUSTRALIAN AVE WEST PALM BCH, FL 33407 US	Mailing Address 1600 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407-621 US
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03162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**SMITH, CLAUDIA J
1600 N AUSTRALIAN AVE
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

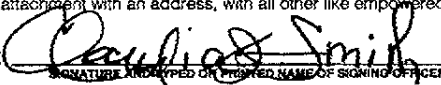
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000114506 04/15/04-80053-003 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, ROBERT J 3386 CHURCHILL DRIVE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MATTHEWS, VERONA H 4013 TEMPLE STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CLAUDIA J 1600 N AUSTRALIAN AVE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRENNE, KEVIN P 4491 CYCAD LN BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/8/04 (561)833-3113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #