

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90247 045 ****70.00

DOCUMENT # 751373

1. Entity Name
**SICKLE CELL FOUNDATION OF PALM BEACH COUNTY,
INC.**



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**

DO NOT WRITE IN THIS SPACE



03222006 No Chg-NP CR2E037 (11/05)

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

Filing Fee is \$61.25
Due by May 1, 2006

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

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	PD SMITH, CLAUDIA J 1600 N AUSTRALIAN AVE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Claudia J. Smith* **Claudia J. Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2006 561-624-3882
Date Daytime Phone #