

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90232 034 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04112007 Chg-NP		CR2E037 (12/06)	
4. FEI Number 59-1975315				Applied For Not Applicable	
5. Certificate of Status Desired KK				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, CLAUDIA J 1600 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407			Name Keely Gideon-Taylor Street Address (P.O. Box Number is Not Acceptable) 1600 North Australian Avenue City West Palm Beach FL Zip Code 33407		
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 <i>Keely D. Gideon-Taylor</i> <small>Signature typed or printed name of registered agent and title if applicable</small>			Keely D. Gideon-Taylor, Chair 4/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	C Keely Gideon-Taylor 1600 North Australian Avenue West Palm Beach, FL 33407	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	S/D Anthony Mack 1708 37th Street West Palm Beach, FL 33407	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Verona H. Matthews 4013 Temple Street West Palm Beach, FL 33407	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Keely D. Gideon-Taylor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Keely D. Gideon-Taylor, Chair 4/17/07 <small>Date</small>		
			561-833-3113 <small>Daytime Phone #</small>		

40084072

