

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751373

FILED
Apr 12, 2012
Secretary of State

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

Current Principal Place of Business:

1600 N AUSTRALIAN AVE
WEST PALM BCH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1600 N AUSTRALIAN AVE
WEST PALM BCH, FL 33407 US

New Mailing Address:

FEI Number: 59-1975315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARRYL, RON O
1600 N AUSTRALIAN AVE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: CARRYL, RON O
Address: 1600 N AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP
Name: HUDNELL, CHARLIE B
Address: 1600 N AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S
Name: TAYLOR, KEELY-GIDEON
Address: 1600 N AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T
Name: WILLIAMS, SEAN
Address: 1600 N AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RON O. CARRYL

C

04/12/2012

Electronic Signature of Signing Officer or Director

Date