

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/22/2004-90002-002-\$61.25-\$61.25

FILED

04 OCT -1 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003647

1. Entity Name
KEN SHOBOLA FOUNDATION FOR SICKLE CELL
RESEARCH, INC.



Principal Place of Business
1612 W. WATERS AVENUE
TAMPA, FL 33604

Mailing Address
1612 W. WATERS AVENUE
TAMPA, FL 33604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09022004

Chg-NP

CR2E037 (10/03)

04

4. FEI Number

01-0784467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHOBOLA, KENNETH
1612 W. WATERS AVENUE
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name Shobola, Kenneth

Street Address (P.O. Box Number is Not Acceptable)

10004 North Dale Mabry

Suite 112

City Tampa

FL

Zip Code

33618

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

KENNETH SHOBOLA, PRESIDENT

9/17/04

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME SHOBOLA, KENNETH
STREET ADDRESS 1612 W. WATERS AVENUE
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE D
NAME SHOBOLA, OMAEMO
STREET ADDRESS 1612 W. WATERS AVENUE
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE D
NAME ASHEKUN, AKIN
STREET ADDRESS 1612 W. WATERS AVENUE
CITY-ST-ZIP TAMPA, FL 33604 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

KENNETH SHOBOLA

9/17/04

(813) 426-5419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

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