2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2005
Secretary of State

DOCUMENT# N03000005764

Entity Name: SICKLE CELL FOUNDATION FOR ENLIGHTENMENT AND DISCOVERY, INC.

Current Principal Place of Business:

478 ACACIA TREE WAY
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

478 ACACIA TREE WAY
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 45-0519562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SINCLAIR, CARLA
478 ACACIA TREE WAY
KISSIMMEE, FL 34758 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: D ( ) Delete
Name: LEWIS, DELAUN
Address: 478 ACACIA TREE WAY
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: BALTMESKIS, CYNTHIA
Address: 108 ANZIO DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: COLEMAN, TIANA
Address: 646 BROCKTON DRIVE
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAJORIE, GUERRIER- TING
Address: 4428 STONEFIELD DRIVE
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARLA SINCLAIR PRES 05/15/2005
Electronic Signature of Signing Officer or Director Date