2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# N04000007825

Entity Name: G.T.P. FOUNDATION FOR SICKLE CELL ANEMIA, INC.

Current Principal Place of Business:

703 8TH AVE DR WEST
BRADENTON, FL 34205

New Principal Place of Business:

2301A 9TH STREET EAST
BRADENTON, FL 34208

Current Mailing Address:

703 8TH AVE DR WEST
BRADENTON, FL 34205

New Mailing Address:

3103 8TH AVENUE EAST
PALMETTO, FL 34221

FEI Number: 34-2013170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTLER, FAYE
3103 8TH AVE EAST
PALMETTO, FL 34221 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT ( ) Change (X) Addition
Name: BUTLER, FAYE
Address: 3103 8TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: P ( ) Change (X) Addition
Name: PETERSON, GARY
Address: 3103 8TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: S ( ) Change (X) Addition
Name: WASHINGTON, KARYN
Address: 1020 26TH STREET COURT EAST
City-St-Zip: PALMETTO, FL 34221

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: FAYE BUTLER DIR 02/15/2005

Electronic Signature of Signing Officer or Director — Date