2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# N04000007825

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

Current Principal Place of Business:

2301A 9TH STREET EAST
BRADENTON, FL 34208

New Principal Place of Business:

210 7TH STREET WEST
PALMETTO, FL 34221

Current Mailing Address:

3103 8TH AVENUE EAST
PALMETTO, FL 34221

New Mailing Address:

1612 18TH AVENUE WEST
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:

BUTLER, FAYE
1612 18TH AVENUE WEST
PALMETTO, FL 34221 US

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: FAYE BUTLER 03/15/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: BUTLER, FAYE
Address: 1612 18TH AVENUE WEST
City-St-Zip: PALMETTO, FL 34221

Title: P (X) Change ( ) Addition
Name: PETERSON, GARY
Address: 7228 GEORGES WAY
City-St-Zip: MORROW, GA 30260

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 D 03/15/2006
Electronic Signature of Signing Officer or Director Date