2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N04000007825

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

Current Principal Place of Business:

210 7TH STREET WEST
B
PALMETTO, FL 34221

New Principal Place of Business:

210 7TH STREET WEST
A
PALMETTO, FL 34221

Current Mailing Address:

1612 18TH AVENUE WEST
PALMETTO, FL 34221

New Mailing Address:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 DIR 03/20/2009

Electronic Signature of Signing Officer or Director — Date