

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07096 (3)

1. Corporation Name

SICKLE CELL FOUNDATION, UPPER PINELLAS AND PASCO  
COUNTY, INC.



Principal Place of Business

Mailing Address

% ANNETTE FAISON  
1118 MACRAE AVE.  
CLEARWATER FL 34615

% ANNETTE FAISON  
1118 MACRAE AVE.  
CLEARWATER FL 34615

3. Date Incorporated or Qualified  
01/14/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3219223

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAISON, ANNETTE  
1118 MACRAE AVE.  
CLEARWATER FL 34615

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE PD ☐ DELETE  
NAME FAISON, ANNETTE  
STREET ADDRESS 1118 MACRAE AVE  
CITY-ST-ZIP CLEARWATER FL 34615

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME DEANE, BURTON  
STREET ADDRESS 2228 SNEAD AVE  
CITY-ST-ZIP DUNEDIN FL 34698

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME BATTLE, HATTIE  
STREET ADDRESS 620 11TH PLACE N.  
CITY-ST-ZIP SAFETY HARBOR FL 34695

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME LAPREAD, JESSIE  
STREET ADDRESS 1665 CATALINA DR.  
CITY-ST-ZIP CLEARWATER FL 34623

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME SP Lane, Catherine  
4.3 STREET ADDRESS 675 11th Place N.  
4.4 CITY-ST-ZIP Safety Harbor, FL 34695

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Annette Faison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 (813) 447-2183

Date

Daytime Phone #

CP2E037 (12/95)