FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N07096

(3)

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

Principal Place of Business

% ANNETTE FAISON
1118 MACRAE AVE.

Mailing Address

% ANNETTE FAISON 1118 MACRAE AVE. CLEARWATER FL 34615-3722

FILED Apr 17 1997 8:00am Secretary of State



OLEANWATER FE 34013			APPLICATION OF ANY AMP				3. Date incorporated or Qualified 01/14/1985	3a. Da	Date of Last Report 02/26/1996			
2. Principal Pl	ace of Busin	iess	2a. Mailing Addre	2a. Mailing Address				4. FEI Number	Applied For			
21			26	26				59-3219223		N	ot Applicable	
Suite, Apt	#, etc.		Suite, Apt. #, (Suite, Apt. #, etc.				F 0 15 4 40 1 5 4 1	X	\$8.75	Additional	
22			27	27				5. Certificate of Status Desired	ÇAL		equired	
City & State)		City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28	28				Trust Fund Contribution			to Fees	
Zıp	Country Zip Co			Country	. The corporation has madely to made at one of a recise !				s. 199.032,			
24 25 29 30						Florida Statutes Yes No						
	9. Name	and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent							
					81	Name						
FAISON, ANNETTE						82 Street Address (P.O. Box Number is Not Acceptable)						
1118 MACRAE AVE.						See Superior (1.0. Dox Hulling) is the recopiused						
CLEARY		63						1				
						City	85 Zip Code					
					84	City			FL	85 Zip	COGG	
11. Pursuant t	o the provisi	ions of Sections 617.05	02 and 617.1508, Florid	a Statutes, th	e abov	e-named	corpo	oration submits this statement for the pu	urpose of	changing i	ts 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.												
_	11 101111110111111	or, and docopt the oblig	janono or, occinor e i i i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D.U.U.U.	•.						
SIGNATURE _	Stgnature, typed	or printed name of registered aç	gent and title if applicable.	(NOTE: Regis	slered Age	ent signatura	required	d when reinstating)	DATE			
12.		OFFICERS AN	ND DIRECTORS		13.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	PD		☐ DEL	LETE 1	.1 TITLE					Change	Addition	
NAME	NAME FAISON, ANNETTE											
STREET ADDRESS	440 445 500 400 4100					1.3 STREET ADDRESS						
CITY-ST-ZIP		WATER FL 34615			.4 CITY-S		ĺ					
TITLE	TD		DEL		1 TITLE					☐ Change	Addition	
NAME	DEANE	, Burton			2 NAME						ŀ	
STREET ADDRESS		NEAD AVE		235				v + 19				
CITY-\$1-ZIP		IN FL 34698		2.40								
TITLE	VD		□ DEL		3.1 TITLE	31 - EHF	\vdash			Change	Addition	
NAME		, HATTIE			3.2 NAME							
STREET ADDRESS		TH PLACE N.				T ADDRESS						
		HARBOR FL						• 34695	•			
CITY-ST-ZIP TITLE	SD	INTROVILLE	DEI		8.4. CITY-1 1.1 TITLE	91-KIL	F	21013		Change	Addition	
		CATHERINE			. 2 NAME			· 34695 34695		ned withingo	Tomat - Delivery	
NAME CARCOL ADDRESS		TH PLACE N		i i		T ADDRESS		سمينيين				
STREET ADDRESS		HARBOR FL						34695				
CITY-ST-ZIP	ONILI	INCIDONIE	I DEI		1.4 CITY - S 5.1 TITLE	S1-ZIP -		2/0/0		Change	Addition	
			001		5.2 NAME							
NAME DESCRIPTION						T 4000555						
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP			☐ DEL		5.4 CITY-5	SI-ZIP				Change	Addition	
TITLE			Un		5.1 TITLE					онанув		
NAME					5.2 NAME							
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP			Call to Safe and the Safe of the		5.4 CITY-1		<u> </u>	In Continue 440 07/03/20 Production	14		t the	
i 14 . I do heret	ov certify that	it the information suppli	ea with this filing does ri	iot quality for	the exe	emption s	Delas	in Section 119.07(3)(i), Florida Statutes	s. I JUMINEI	certify tha	t trie	

14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 Faxison J-6-97 (813)447-2183