

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07096

1. Entity Name

SICKLE CELL FOUNDATION, UPPER PINELLAS AND PASCO

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90078 043 ***150.00

Principal Place of Business

% ANNETTE FAISON
1118 MACRAE AVE.
CLEARWATER FL 34615

Mailing Address

% ANNETTE FAISON
1118 MACRAE AVE.
CLEARWATER FL 33755-3722

2. Principal Place of Business

620 11th Place N.

3. Mailing Address

Same

Suite, Apt. #, etc.

Safety Harbor, FL

Suite, Apt. #, etc.

City & State

City & State

City & State

34695

Pinellas

Zip

Country

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3219223

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAISON, ANNETTE
1118 MACRAE AVE.
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name Hattie Battle

Street Address (P.O. Box Number is Not Acceptable)
620 11th Place N.

City Safety Harbor

FL

Zip Code 34695

8. 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 Hattie Battle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FAISON, ANNETTE	
STREET ADDRESS	1118 MACRAE AVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEANE, BURTON	
STREET ADDRESS	2226 SNEAD AVE	
CITY-ST-ZIP	DUNEDIN FL 34688	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEANE, SHEILA	
STREET ADDRESS	2226 SNEAD AVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOSS, THERESA	
STREET ADDRESS	1201 MACRAE AVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hattie Battle	
STREET ADDRESS	620 11th Place N.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances Powell	
STREET ADDRESS	640 11th Place N.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatrice Williams	
STREET ADDRESS	675 10th Place N.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Gray	
STREET ADDRESS	806 Butler St.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hattie Battle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 15, 2000 (727) 723-2483

Date

Daytime Phone #

CR2E037 (9/99)