

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07096

FILED
Apr 29, 2005
Secretary of State

Entity Name: SICKLE CELL FOUNDATION, UPPER PINELLAS AND PASCO COUNTY, INC.

Current Principal Place of Business:

611 DRUID ROAD EAST, STE 302
CLEARWATER, FL 33756

New Principal Place of Business:

401 E MARTIN LUTHER KING JR DR
TARPON SPRINGS, FL 34688

Current Mailing Address:

611 DRUID ROAD EAST, STE 302
CLEARWATER, FL 33756

New Mailing Address:

401 E MARTIN LUTHER KING DR
TARPON SPRINGS, FL 34688

FEI Number: 59-3219223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTON, TERESA Y
611 DRUID ROAD EAST, STE 302
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

NORTON, TERESA Y
P.O. BOX 11408
OLDSMAR, FL 34677 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: _____

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NORTON, TERESA Y
Address: 611 DRUID ROAD EAST, STE 302
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: LA PREAD, JESSIE
Address: 611 DRUID ROAD EAST, STE 302
City-St-Zip: CLEARWATER, FL 33756

Title: S (X) Delete
Name: MILLER, LINDA
Address: 611 DRUID ROAD EAST, STE 302
City-St-Zip: CLEARWATER, FL 33756

Title: T (X) Delete
Name: POWELL, FRANCES
Address: 611 DRUID ROAD EAST, STE 302
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NORTON, TERESA Y
Address: PO BOX 1408
City-St-Zip: OLDSMAR, FL 34677

Title: VP (X) Change () Addition
Name: LA PREAD, JESSIE
Address: 401 E MLK JR DR
City-St-Zip: TARPON SPRINGS, FL 34688

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 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 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: TERESA NORTON

MRS

04/29/2005

Electronic Signature of Signing Officer or Director

Date