

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07096

FILED
May 11, 2011
Secretary of State

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF UPPER PINELLAS/PASCO/HERNANDO COUNTIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

401 E MARTIN LUTHER KING JR DR
TARPON SPRINGS, FL 34689

Current Mailing Address:

P.O. BOX 6312
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-3219223 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HATTIE, BATTLE M P
620 11TH PLACE NO.
SAFETY HARBOR, FL 34695 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: P
Name: BATTLE, HATTIE M P
Address: 620 11TH PLACE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: FUND
Name: PETERSON, DEBORAH D CHAIR.
Address: .1072 NO. KEENE RD
City-St-Zip: CLEARWATER,, FL 33755 US

Title: SECR
Name: LANE, CATHY SEC.
Address: 675 11TH PLACE NO
City-St-Zip: SAFETY HARBOR,, FL 34695 US

Title: TRES
Name: POWELL, FRANCES TRES.
Address: 640 11TH PLACE NO.
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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 all other like empowered.

SIGNATURE: HATTIE M. BATTLE

PRES

05/11/2011

Electronic Signature of Signing Officer or Director

Date