

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29541

FILED
Apr 21, 2009
Secretary of State

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF LEE COUNTY, INC.

Current Principal Place of Business:

4224 MICHIGAN AVE.
#529
FORT MYERS, FL 33916

Current Mailing Address:

P.O. BOX 251
FT. MYERS, FL 339020251

New Principal Place of Business:

4040 PALM BEACH AVE
SUITE-D-3
FORT MYERS, FL 33916 US

New Mailing Address:

P.O. BOX 251
FT. MYERS, FL 339020251 US

FEI Number: 65-0180303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, VIVIAN
2997 PRICE AVE
FT. MYERS, FL 33916 US

Name and Address of New Registered Agent:

GOLDSMITH, PAMELA
2745 GUAVA STREET
FT. MYERS, FL 33916 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: PAMELA GOLDSMITH

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, VIVIAN
Address: 2997 PRICE AVE
City-St-Zip: FT. MYERS, FL

Title: SD () Delete
Name: CALDWELL, LUCILLE
Address: 3148 E. MARKET STREET
City-St-Zip: FT. MYERS, FL

Title: TD () Delete
Name: DENSON, EVA
Address: 3155 EDISON AVE
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOLDSMITH, PAMELA
Address: 2745 GUAVA STREET
City-St-Zip: FT. MYERS, FL 33916 US

Title: SD (X) Change () Addition
Name: HARPER, CARL
Address: 1798 MARYLAND AVE, B-22
City-St-Zip: FT. MYERS, FL 33916 US

Title: TD (X) Change () Addition
Name: DENSON-ROGERS, NINA-
Address: 3740 EDISON AVE
City-St-Zip: FT. MYERS, FL 33916 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAMELA, GOLDSMITH

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date