

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29541

FILED
Apr 30, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0180303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, PAMELA
2745 GUAVA STREET
FT. MYERS, FL 33916 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: PD
Name: GOLDSMITH, PAMELA
Address: 2745 GUAVA STREET
City-St-Zip: FT. MYERS, FL 33916 US

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

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

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: PAMELA GOLDSMITH

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date