

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002613

FILED  
Sep 12, 2007  
Secretary of State

**Entity Name:** SICKLE CELL DISEASE ASSOCIATION OF OKALOOSA & WALTON COUNTIES, INC

**Current Principal Place of Business:**

119 HOLLYWOOD BLVD.  
SUITE 208  
FORT WALTON BEACH, FL 32549

**New Principal Place of Business:**

32 METHODIST AVE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

POST OFFICE BOX 1482  
EGLIN AFB, FL 32542

**New Mailing Address:**

**FEI Number:** 59-3260987      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCNABB, BERNISHA  
128 BOYCE DRIVE  
SHALIMAR, FL 32579      US

**Name and Address of New Registered Agent:**

MCNABB, BERNISHA M  
128 BOYCE DRIVE  
SHALIMAR, FL 32579      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: BERNISHA M. MCNABB

09/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MCNABB, BERNISHA  
Address: 128 BOYCE DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: V      ( ) Delete  
Name: POITIER, SEBREN  
Address: 340 VICTORIA AVENUE  
City-St-Zip: FT WALTON BCH, FL 32547

Title: S      ( ) Delete  
Name: GADSEN, MINERVA  
Address: 508 POCAHONTAS A  
City-St-Zip: FT WALTON BCH., FL 32547

Title: T      ( ) Delete  
Name: PRINCE, VERA  
Address: 409 SHIRLEY DRIVE  
City-St-Zip: FT WALTON BCH, FL 32548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: BERNISHA M. MCNABB

PRES

09/12/2007

Electronic Signature of Signing Officer or Director

Date