

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724102

**Entity Name:** SICKLE CELL DISEASE ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

3402 N 22ND STREET  
TAMPA, FL 33605

**Current Mailing Address:**

P.O. BOX 11982  
TAMPA, FL 33680 US

**FEI Number:** 59-1984847

**Certificate of Status Desired:** Yes

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

REDDICK, FRANK A.  
4610 JOHN BELL DRIVE  
TAMPA, FL 33610 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name EDLER, LAURA  
Address 801 W. BARRS STREET  
City-State-Zip: PENSACOLA FL 32503  
  
Title SD  
Name SHEPPARD, ANGELA-HOWARD  
Address 10396 NW 193RD STREET  
City-State-Zip: MICANOPY FL 32667

Title VD  
Name BATTLE, HATTIE  
Address 620 11TH PLACE NORTH  
City-State-Zip: SAFETY HARBOR FL 34695  
  
Title TD  
Name DIXON-JONES, MARIE  
Address 1520 N.W. 17TH AVE.  
City-State-Zip: OCALA FL 34475

*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:** LAURA EDLER

**PRESIDENT**

**01/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date