

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751373

Entity Name: SICKLE CELL FOUNDATION OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**1600 N AUSTRALIAN AVE
WEST PALM BCH, FL 33407**Current Mailing Address:**2001 BROADWAY
SUITE 500
RIVIERA BEACH, FL 33404 US**FEI Number:** 59-1975315**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUDNELL, CHARLIE B
1600 N AUSTRALIAN AVE
WEST PALM BEACH, FL 33407 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:** CHARLIE B. HUDNELL

01/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIR EMERITUS
Name	HUDNELL, CHARLIE B
Address	2001 BROADWAY SUITE 500
City-State-Zip:	RIVIERA BEACH FL 33404

Title	CEO
Name	WARREN, SHALONDA L
Address	2001 BROADWAY SUITE 500
City-State-Zip:	RIVIERA BEACH FL 33404

Title	CHAIRMAN
Name	HAYDEN, F FRANK
Address	2001 BROADWAY SUITE 500
City-State-Zip:	RIVIERA BEACH FL 33404

Title	VC
Name	GORDON, KATIE
Address	2001 BROADWAY SUITE 500
City-State-Zip:	RIVIERA BEACH FL 33404

Title	TREASURER
Name	ARP, DODGER ESQ.
Address	2001 BROADWAY SUITE 500
City-State-Zip:	RIVIERA BEACH FL 33404

Title	SECRETARY
Name	JAMES, LISA
Address	2001 BROADWAY SUITE 500
City-State-Zip:	RIVIERA BEACH FL 33404

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: SHALONDA WARREN

CEO

01/29/2020

Electronic Signature of Signing Officer/Director Detail

Date