

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000004210

**Entity Name:** SHAKEVIA'S SICKLE CELL ANEMIA FOUNDATION  
INCORPORATED

**FILED**  
**Apr 20, 2022**  
**Secretary of State**  
**6888083618CC**

**Current Principal Place of Business:**

20535 NW 2ND AVENUE  
UNIT #204  
MIAMI, FL 33169

**Current Mailing Address:**

20435 NW 2ND AVENUE  
UNIT #204  
MIAMI, FL 33169 US

**FEI Number: 87-2716393**

**Certificate of Status Desired: No**

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

WILLIS CAMPBELL, CORENTHIA  
351 NW 201ST STREET  
MIAMI, FL 33169 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 P  
Name WILLIS CAMPBELL, CORENTHIA  
Address 351 NW 201ST STREET  
City-State-Zip: MIAMI FL 33169

Title VP  
Name CAMPBELL BOSTIC, KATREVIA  
Address 351 NW 201ST STREET  
City-State-Zip: MIAMI FL 33169

Title S  
Name SHARPE, TRACEY  
Address 351 NW 201ST STREET  
City-State-Zip: MIAMI FL 33169

*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: CORENTHIA EVETTE WILLIS CAMPBELL**

**PRESIDENT**

**04/20/2022**

Electronic Signature of Signing Officer/Director Detail

Date