

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000004210

FILED
Apr 18, 2024
Secretary of State
6545599050CC

Entity Name: SHAKEVIA'S SICKLE CELL ANEMIA FOUNDATION
INCORPORATED

Current Principal Place of Business:

20535 NW 2ND AVENUE
SUITE 110
MIAMI, FL 33169

Current Mailing Address:

20535 NW 2ND AVENUE
SUITE 110
MIAMI, FL 33169 US

FEI Number: 87-2716393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIS CAMPBELL, CORENTHIA EVETTE
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: CORENTHIA EVETTE WILLIS CAMPBELL

04/18/2024

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 1405 NW 69TH TERRACE
City-State-Zip: MIAMI FL 33147

Title TREASURER
Name CAMPBELL III, ALBERT
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

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date