2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 741100 1. Entity Name



FILED Mar 15, 2005 8:00 am Secretary of State

SICKLE C COUNTY,	CELL DISEASE ASSOCIATIO , INC.	N OF BROWARD			03-1	. 5-2005 9004	3 002	73.00	
Principal Plac	e of Business	Mailing Address							
1409 SISTRUNK BLVD.		PO BOX 8535							a h
FT. LAUDERDALE FL 33311 FT LAUDERDALE F		FT LAUDERDALE FL 3331	10			•	50	02693	19 -
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			I (BA) II KAU I		E MIÉN ALAN MIN		YATE OF COM
Suite, Apt.	π, οις.	Suite, Apt. #, etc.			1st MC	OORE (CR2E037	(10/04)	
City & State		City & State			4. FEI Number			Ap	plied For
-					6	5-0264821			t Applicable
Zip	Country	Zip	Country	İ	5. Certificate of Sta	atus Desired	□ \$	8.75 Add	litional d
	6. Name and Address of Current	Registered Agent	- 1		7. Name and Add	ress of New Reg			
			Narne						
JOHNSON, LOIS			Street A	ddress (F	P.O. Box Number is N	Not Acceptable)			
	6 NW 52 AVENUE JDER HILL FL 33313							· · · · · · · · · · · · · · · · · · ·	
	DENTILE LE 30010								
<u> </u>			City			· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	Э
	named entity submits this statement for	r the purpose of changing its reg	istered office or	registere	ed agent, or both, in	the State of Florid	da. I am fa	miliar with,	and accept
the obligat	tions of registered agent.	•							
SIGNATURE	<u> </u>	****			•				
. gillo ar readoreadar 1881, a	Signature, typed or printed name of registered agent	and title if applicable (NOTE Reg	gistered Agent signati	nte tednited	when reinstating)		DATE	1.00 20.00 20.00 20.00	filarim apadanan
	FILE NOW: FEE IS \$61.25	O Floation Compa	ian Financina						
	Due By May 1, 2005	9. Election Campa Trust Fund Cont			\$5.00 May Be Added to Fees			Payable nent of S	
10.	The second secon	Trust Fund Cont				Florida	Departr	nent of S	State
	Due By May 1, 2005 OFFICERS AND DIE	Trust Fund Cont	tribution.		Added to Fees	Florida	Departr AND DIRE	nent of S	State
10. TITLE NAME	OFFICERS AND DIE	Trust Fund Cont	tribution. 11. TITLE NAME		Added to Fees	Florida	Departr AND DIRE	nent of S CTORS IN	State
10. TITLE NAME -STREET ADDRESS	OFFICERS AND DIE P JOHNSON, LOIS 2466 NW 52 AVENUE	Trust Fund Cont	11. TITLE NAME STREET ADDRESS		Added to Fees	Florida	Departr AND DIRE	nent of S CTORS IN	State
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10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE P JOHNSON, LOIS 2466 NW 52 AVENUE LAUDER HILL FL 33313 T GRIFFIN, LILLIE 1871 NW 33 AVENUE	Trust Fund Cont	TIDUTION. 11. IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Ul 93	Added to Fees DDITIONS/CHANGE	Florida ES TO OFFICERS	AV	CTORS IN Change	State
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receipt cerus use information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #