2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90078 001 ****61.25
05-07-2007 90078 002 *****8.75

DOCUMENT # 741100

1. Entity Name
SICKLE CELL DISEASE ASSOCIATION OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
1409 SISTRUNK BLVD # 119 FT. LAUDERDALE, FL 33311	PO BOX 8535 FT LAUDERDALE, FL 33310

01112007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0264821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, LOIS 2466 NW 52 AVENUE LAUDER HILL, FL 33313	Name: Mary A. Harris-Smith Street Address (P.O. Box Number is Not Acceptable): 5655 Blueberry Ct City: Lauderhill FL Zip Code: 33313

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mary A. Harris-Smith 4-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, LOIS 2466 NW 52 AVENUE LAUDER HILL, FL 33313	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSS, ULA 937 PENNSYLVANIA AVE FORT LAUDERDALE, FL 33312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Derrick Hadley 2850 NW 44 St. Ft. Lauderdale FL 33309 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JOYCE 1560 NW 15TH TERR FORT LAUDERDALE, FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mike D. Payne V.P 440 NW Sistrunk Blvd Ft. Lauderdale FL 33311 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS-SMITH, MARY ANN 5655 BLUEBERRY COURT LAUDER HILL, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mary A. Harris-Smith 5655 Blueberry Ct Lauderhill FL 33313 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary A. Harris-Smith 4-30-07 954-524-4920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #