2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741100

FILED Feb 09, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1409 SISTRUNK BLVD # 119

FT. LAUDERDALE, FL 33311

Current Mailing Address: New Mailing Address:

PO BOX 8535

FT LAUDERDALE, FL 33310

FEI Number: 65-0264821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HARRIS-SMITH, MARY A SMALLS, KAREN R MS 5655 BLUEBERRY CT SMALLS, KAREN R MS 1270 NW 30TH TERR

LAUDER HILL, FL 33313 US FORT LAUDERDALE, FL 33311 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: KAREN R. SMALLS 02/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: P (X) Change () Addition

 Name:
 HADLEY, DERRICK
 Name:
 SMALLS, KAREN R MS.

 Address:
 2850 NW 44 ST
 Address:
 1270 NW 30 TERR

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Delete Title: (X) Change () Addition HARRIS-SMITH, MARY ANN Name: PAYNE, DARRYL M MR. Name: Address: 5655 BLUEBERRY COURT Address: 440 NW SISTRUNK BLVD City-St-Zip: LAUDER HILL, FL 33313 City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Delete Title: (X) Change () Addition CHANGE, ROSETTA B MRS. PAYNE, MIKE D Name: Name: 440 NW SISTRUNK BLVD 1544 NW 19TH STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete Title: D (X) Change () Addition Name: WADDY, RONALD MR. Name: MEDINA, DARNELL P MR.

Address: 5151 W. OAKLAND PARK BLVD. Address: 5200 NW 12TH COURT City-St-Zip: FORT LAUDERDALE, FL 33313 City-St-Zip: LAUDERHILL, FL 33313

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 CAMPBELL, MARJORIE

 Address:
 Address:
 9551 NW 20TH PLACE

 City-St-Zip:
 City-St-Zip:
 SUNRISE, FL 33322

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 WILSON, DANA MRS

 Address:
 Address:
 5701 NW 11TH STREET

 City-St-Zip:
 City-St-Zip:
 LAUDERHILL, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN R. SMALLS P 02/09/2009