

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741100

FILED  
Jan 03, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1409 SISTRUNK BLVD  
# 119  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

1409 SISTRUNK BLVD  
MAILDROP 2 SUITE # 118  
FT. LAUDERDALE, FL 33311

**Current Mailing Address:**

PO BOX 8535  
FT LAUDERDALE, FL 33310

**New Mailing Address:**

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

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

SMALLS, KAREN R MS  
1270 NW 30TH TERR  
FORT LAUDERDALE, FL 33311      US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMALLS, KAREN R MS.  
Address: 1270 NW 30 TERR  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: V  
Name: PAYNE, DARRYL M MR.  
Address: 440 NW SISTRUNK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D  
Name: CHANGE, ROSETTA B MRS.  
Address: 1544 NW 19TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D  
Name: CAMPBELL, MARJORIE  
Address: 9551 NW 20TH PLACE  
City-St-Zip: SUNRISE, FL 33322

Title: D  
Name: WILSON, DANA MRS  
Address: 5701 NW 11TH STREET  
City-St-Zip: LAUDERHILL, FL 33313

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: KAREN R. SMALLS

O

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date