

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741100

FILED
May 01, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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: SANDERS, MARILYN MRS
Address: 1110 NW 70TH TERRACE
City-St-Zip: PLANTATION, FL 33313

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

Title: D
Name: PINDER, ROSALIND MRS
Address: 4931 SW 21 STREET
City-St-Zip: WEST PARK, FL 33023

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

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date