FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:18

DOCUMENT # 743434 (3)

1. Corporation Name
DADE COUNTY SICKLE CELL FOUNDATION, INC.

Principal Place of Business	Mailing Address
794 N.W. 18 STREET MIAMI FL 33136	794 N.W. 18 STREET MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1978
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2685954 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MACK, ASTRID K.
794 NW 18TH STREET
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	YOUNG, BETTY BIGBY	12 NAME	WALKER, MARY E.	
STREET ADDRESS	17135 NW 12 COURT	13 STREET ADDRESS	9651 SW 77 Avenue, APT. 201-E	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	WALKER, MARY E.	22 NAME	PRICE, HOLLIS, JR.	
STREET ADDRESS	9651 SW 77 AVENUE APT 201-E	23 STREET ADDRESS	510 NE 18 DRIVE	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33162	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	PEARSON, LULA	32 NAME		
STREET ADDRESS	19471 SW 134TH CT.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, LINDA	42 NAME		
STREET ADDRESS	14221 SW 86TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MACK, ASTRID K	52 NAME		
STREET ADDRESS	5020 NW FIRST AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ASTRID K. MACK / Astrid K. Mack 02-03-95 305/547-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0051743