

FILE NOW: FILING FEE IS \$61.25

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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743434 (3)
1. Corporation Name
SICKLE CELL DISEASE ASSOCIATION OF AMERICA - DAD E COUNTY CHAPTER, INC.



Principal Place of Business 794 N.W. 18 STREET MIAMI FL 33136	Mailing Address 794 N.W. 18 STREET MIAMI FL 33136-1111
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3. Date Incorporated or Qualified 06/29/1978	3a. Date of Last Report 03/14/1996
4. FEI Number 59-2685954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALKER, MARY E	
STREET ADDRESS	9651 SW 77 AVENUE, APT. 201-E	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRICE, HOLLIS J	
STREET ADDRESS	510 NE 18 DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEARSON, LULA	
STREET ADDRESS	19471 SW 134TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LINDA	
STREET ADDRESS	14221 SW 86TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACK, ASTRID K	
STREET ADDRESS	5020 NW FIRST AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAMS, JOHN C.	
1.3 STREET ADDRESS	14221 S.W. 86 AVENUE	
1.4 CITY-ST-ZIP	MIAMI, FL 33158	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACKSON, SAMUEL C.	
2.3 STREET ADDRESS	100 N.W. 87 AVENUE APT. E-215	
2.4 CITY-ST-ZIP	MIAMI, FL 33172	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACKSON, JULIA K.	
3.3 STREET ADDRESS	10250 JAMAICA DRIVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33189	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRICE, HOLLIS	
4.3 STREET ADDRESS	510 N.E. 180 DRIVE	
4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)