

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>794 N.W. 18 STREET MIAMI FL 33136</b>	Mailing Address <b>794 N.W. 18 STREET MIAMI FL 33136</b>
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3. Date Incorporated or Qualified  
**06/29/1978**

4. FEI Number  
**59-2685954**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	WILIAMS, JOHN C 14221 S.W. 86TH AVENUE MIAMI FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	JACKSON, SAMUEL C 100 N.W. 87TH AVENUE., APT E-215 MIAMI FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	JACKSON, JULIA K 10250 JAMAICA DRIVE MIAMI FL	3.1 TITLE	<b>SD</b>
NAME		3.2 NAME	<b>THOMAS, PATRICIA S.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>19601 N.E. 12<sup>TH</sup> AVENUE</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33179</b>
TITLE <b>TD</b>	PRICE, HOLLIS 510 N.E. 180TH DRIVE NORTH MIAMI BEACH FL	4.1 TITLE	<b>TD</b>
NAME		4.2 NAME	<b>GROSS, BLANCHE J.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>16001 EAST BUNCHE PARK DRIVE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MIAMI, FL 33054</b>
TITLE <b>D</b>	MACK, ASTRID K 5020 NW FIRST AVENUE MIAMI FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **ASTRID MACK** *Astrid K Mack* **01-08-98** **305/243-6924**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)