

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90003 044 \*\*\*\*70.00

**DOCUMENT # 743434**

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

584681-90003-44



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/29/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2685954	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MACK, ASTRID K. 794 NW 18TH STREET MIAMI FL 33136				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WILLIAMS, JOHN C	1.2 NAME	BERRY, MILDRED, Ed. D.
STREET ADDRESS	14221 S.W. 86TH AVENUE	1.3 STREET ADDRESS	1190 NW 88 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33150
TITLE	VD	2.1 TITLE	
NAME	JACKSON, SAMUEL C	2.2 NAME	
STREET ADDRESS	100 N.W. 87TH AVENUE., APT E-215	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	THOMAS, PATRICIA S	3.2 NAME	Ffrench, Howard
STREET ADDRESS	19601 NE 12TH AVENUE	3.3 STREET ADDRESS	2240 NW 196 TERRACE
CITY-ST-ZIP	N MIAMI BCH FL 33179	3.4 CITY-ST-ZIP	MIAMI, FL 33056
TITLE	TD	4.1 TITLE	
NAME	GROSS, BLANCHE J	4.2 NAME	
STREET ADDRESS	16001 E BUNCHE PARK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MACK, ASTRID K	5.2 NAME	
STREET ADDRESS	5020 NW FIRST AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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, with all other like empowered.

SIGNATURE: *Astrid K. Mack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/99 (305) 243-6924 or 598

Date

Daytime Phone #

CR2E037 (5/99)

0003745