

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.

584681-90003-44

Principal Place of Business

Mailing Address

794 N.W. 18 STREET
 MIAMI FL 33136

794 N.W. 18 STREET
 MIAMI FL 33136



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/29/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2685954	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		29		30	

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
MIAMI	FL 33136

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN C	1.2 NAME	BERRY, MIL DRED, 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 5988
 Date Daytime Phone #

0003745

CR2E037 (5/99)