

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90693 019 ****70.00

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|--|---|--|--|--|---------------------------------------|
| DOCUMENT # 743434 | | | | | |
| 1. Entity Name SICKLE CELL DISEASE ASSOCIATION OF AMERICA - MIAMI-DADE 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | 04292004 Chg-NP CR2E037 (10/03) |
| 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. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MACK, ASTRID K. 794 NW 18TH STREET MIAMI, FL 33136 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete ARENAS, J.A. CHICO 9630 JOHNSON STREET HOLLYWOOD, FL 33025 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT MARCUS MARSH 5990 NW 186 St. #101 MIAMI, FL 33015 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input checked="" type="checkbox"/> Delete HASKELL, YOUNG 17135 NW 12 CT MIAMI, FL 33169 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T.D. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Delete FFRENCH, HOWARD 2240 NW 196 TERR MIAMI, FL 33056 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD HELEN WILLIAMS P O BOX 661894 MIAMI, FL 33055 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input checked="" type="checkbox"/> Delete GROSS, BLANCHE J 16001 E BUNCHE PARK DR MIAMI, FL 33054 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MACK, ASTRID K 5020 NW FIRST AVENUE MIAMI, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Astrid K. Mack Astrid K. Mack 4/29/04 305-243-5998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |