2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005
Secretary of State

DOCUMENT# 743434

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF AMERICA - MIAMI-DADE COUNTY CHAPTER, INC.

Current Principal Place of Business:

794 N.W. 18 STREET
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

794 N.W. 18 STREET
MIAMI, FL 33136

New Mailing Address:

FEI Number: 59-2685954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MACK, ASTRID K.
794 NW 18TH STREET
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARENAS, J.A. CHICO
Address: 9630 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33025

Title: V ( ) Delete
Name: MARSH, MARCUS
Address: 5990 NW 186 ST. #101
City-St-Zip: MIAMI, FL 33015

Title: TD ( ) Delete
Name: FFRENCH, HOWARD
Address: 2240 NW 196 TERR
City-St-Zip: MIAMI, FL 33056

Title: SD ( ) Delete
Name: WILLIAMS, HELEN
Address: PO BOX 661894
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: MACK, ASTRID K,
Address: 5020 NW FIRST AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTRID K. MACK D 05/12/2005

Electronic Signature of Signing Officer or Director — Date