2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
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 US

New Mailing Address:

FEI Number: 59-2685954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

Title: D ( ) Delete
Name: MACK, ASTRID K,
Address: 5020 NW FIRST AVENUE
City-St-Zip: MIAMI, FL 33127

Title: VP ( ) Delete
Name: FLETCHER, CYNTHIA,
Address: 5606 NW 48TH TERRACE
City-St-Zip: TAMARAC, FL 33319 US

Title: S ( ) Delete
Name: NEWBOLD, MAUD,
Address: 1070 NW 39TH STREET
City-St-Zip: MIAMI, FL 33127 US

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 exemption stated in Chapter 119, 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 DIR 03/19/2009

Electronic Signature of Signing Officer or Director — Date