

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743434

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**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:**

794 N.W. 18 STREET  
FIRST FLOOR  
MIAMI, FL 33136

**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:**

MACK, ASTRID K.  
5020 NW FIRST AVENUE  
MIAMI, FL 33127 US

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:

01/04/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ASTRID K. MACK

D

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date