

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743434

FILED
Jan 03, 2012
Secretary of State

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

Current Principal Place of Business:

1601 NW 12TH AVENUE
3036A
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1601 NW 12TH AVENUE
3036A
MIAMI, FL 33136 US

New Mailing Address:

1601 NW 12TH AVENUE
3036A
MIAMI, FL 33136

FEI Number: 59-2685954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACK, ASTRID K.
503 SW 146 TERRACE
PEMBROKE PINES, FL 33027 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
Name: ARENAS, J.A. CHICO
Address: 9630 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33025

Title: TD
Name: FFRENCH, HOWARD
Address: 8203 SOUTH PALM DRIVE, APT. 212
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D
Name: MACK, ASTRID K
Address: 503 SW 146 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027 US

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

Title: D
Name: HAROLD FORD
Address: 22225 SW 112TH PLACE
City-St-Zip: MIAMI, FL 33170 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

01/03/2012

Electronic Signature of Signing Officer or Director

Date