2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003240

FILED Jan 16, 2011 Secretary of State

Entity Name: FACES OF SICKLE CELL DISEASE INC

US

Current Principal Place of Business: New Principal Place of Business:

1227 NW 13TH PLACE CAPE CORAL, FL 33993

Current Mailing Address: New Mailing Address:

7133-4 ALMENDRO TERRACE FORT MYERS, FL 33907 US

FEI Number: 27-2235565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRITTITTA, VICTORIA
1227 NW 13TH PLACE
CAPE CORAL FL 33993

CAPE CORAL, FL 33993 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

 Name:
 GLARUM, VIKKI-ANN

 Address:
 1227 NW 13TH PLACE

 City-St-Zip:
 CAPE CORAL, FL 33993 US

Title: D

Name: GLARUM, CATHRYN, C
Address: 3917 SW 5TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S

Name: FRITTITTA, VICTORIA
Address: 1227 NW 13TH PLACE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: VP

Name: GALASSI, DONNA Address: 7836 S NIAGARA WAY City-St-Zip: CENTENNIAL, CO 80112 US

Title: AS

Name: ANDERSON, DIANNE
Address: 7133-4 ALMENDRO TERR
City-St-Zip: FORT MYERS, FL 33907

Title:

 Name:
 LEWIS, CARLA

 Address:
 478 ACACIA TREE WAY

 City-St-Zip:
 KISSIMMEE, FL 34758

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: VICTORIA FRITTITTA S 01/16/2011