2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2012
Secretary of State

DOCUMENT# N10000003240

Entity Name: FACES OF SICKLE CELL DISEASE INC

Current Principal Place of Business:

1227 NW 13TH PLACE
CAPE CORAL, FL 33993 US

New Principal Place of Business:

Current Mailing Address:

7133-4 ALMENDRO TERRACE
FORT MYERS, FL 33907 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

FRITTITTA, VICTORIA
1227 NW 13TH PLACE
CAPE CORAL, FL 33993 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: 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: T
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 01/20/2012

Electronic Signature of Signing Officer or Director Date