2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743434

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF AMERICA - MIAMI-

DADÉ COUNTY CHAPTER, INC.

FILED
Jun 15, 2020
Secretary of State
2576186160CC

Current Principal Place of Business:

1601 NORTH WEST 12TH AVENUE ROOM 3036A MIAMI, FL 33136

Current Mailing Address:

1601 NORTH WEST 12TH AVENUE ROOM 3036A MIAMI, FL 33136 US

FEI Number: 59-2685954 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FFRENCH, HOWARD W. 8203 SOUTH PALM DRIVE APT. 212 PEMBROKE PINES, FL 33025 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: HOWARD W FFRENCH 06/15/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREA / DIR Title PRES

Name FFRENCH, HOWARD Name BERRY, MILDRED

Address 8203 SOUTH PALM DRIVE, APT. 212 Address 1190 NORTH WEST 88TH STREET

City-State-Zip: PEMBROKE PINES FL 33025 City-State-Zip: MIAMI FL 33150

Title DIR Title EX DIR

Name JACKSON, SAMUEL Name FORD, HAROLD

Address 341 SOUTH WEST 203RD AVENUE Address 22225 SOUTH WEST 112TH PLACE

City-State-Zip: PEMBROKE PINES FL 33029 City-State-Zip: MIAMI FL 33189

Title DIR Title INTERIM SEC

Name BRINSON, WILLIE Name MOBLEY, DENICE

Address 4703 SOUTH WEST 195TH WAY Address 1601 NORTH WEST 12TH STREET

ROOM 3036A

City-State-Zip: MIRAMAR FL 33029 City-State-Zip: MIAMI FL 33136

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: HOWARD W FFRENCH

TREASURER / DIRECTOR

06/15/2020