

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743434

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

FILED
Apr 14, 2016
Secretary of State
CC3390311133

Current Principal Place of Business:

1601 NW 12TH AVENUE
3036A
MIAMI, FL 33136

Current Mailing Address:

1601 NW 12TH AVENUE
3036A
MIAMI, FL 33136

FEI Number: 59-2685954

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACK, ASTRID K.
503 SW 146 TERRACE
PEMBROKE PINES, FL 33027 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

Officer/Director Detail :

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

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

Title EX. D. EMERITUS
Name MACK, ASTRID K
Address 503 SW 146 TERRACE
City-State-Zip: PEMBROKE PINES FL 33027

Title S
Name BERRY, MILDRED
Address 1190 NW 88TH STREET
City-State-Zip: MIAMI FL 33150

Title EX. D.
Name HAROLD FORD
Address 22225 SW 112TH PLACE
City-State-Zip: MIAMI FL 33170

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: SHENYETTA GARNER

**ASSISTANT TO
EXECUTIVE DIRECTOR**

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date