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(Requestor's Name)

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(City/State/Zip/Phone #)

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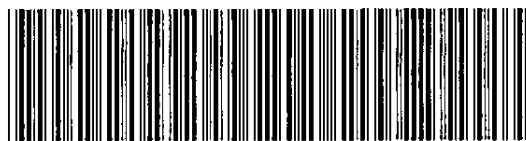
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

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**ARTICLES**

1. **SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 23-7175985  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/07/1972 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3700 KOPPERS ST STE 570, BALTIMORE, MD 21227  
(Principal office address)

(Current mailing address, if different)

To solicit for the purpose of raising funding to advocate for and to improve the quality of health, life and  
8. services for those affected by sickle cell disease & related conditions, while promoting the search for a cure.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: TRAC - THE REGISTERED AGENT COMPANY  
Office Address: 236 E. 6TH AVENUE  
TALLAHASSEE, Florida 32303  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: See attached list.

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: SONJA BANKS

Address: 3700 KOPPERS ST STE 570

BALTIMORE, MD 21227

Vice President:

Address:

Secretary:

Address:

Treasurer: DENNIS TAYLOR

Address: 3700 KOPPERS ST, STE 570, BALTIMORE MD 21227

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

SONJA L. BANKS

(Typed or printed name and capacity of person signing application)

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# **SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC.**

## **Board of Directors**

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### **DIRECTORS:**

Christopher Hollins Chair	200 Vesey Street, New York, NY 10285
David N. Braxton, Ph.D. 1st Vice Chair	303 Peachtree Street, NE, Atlanta, GA 30308
Dennis Taylor Treasurer	56 Perimeter Center East, Suite 500, Norcross, GA 30346
Kim Smith-Whitley, MD Chief Medical Officer	34 <sup>th</sup> & Civic Center Boulevard, Philadelphia, PA 19104
Biree Andemariam, MD Vice Chief Medical Officer	115 Scarborough Street, Hartford, CT 06105
Lennette J. Benjamin, MD Member of the National Advisory Board for the HRSA Funded SCDA NCEC	P.O. Box 331 (2 Jackson Hill Road), Sharon, CT 06069
Mary E. Brown	6133 Bristol Parkway #240, Culver City, CA 90230
Edda Collins Coleman	607 14th Street, NW, Suite 500, Washington, DC 20005
Lise Hall	1225 I St, SE, Washington, DC 20003

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC. was filed on 06/07/1972, under the name of NATIONAL ASSOCIATION FOR SICKLE CELL DISEASE, INC., as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment NATIONAL ASSOCIATION FOR SICKLE CELL DISEASE, INC., changing its name to SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC., was filed 02/17/1994.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 21st day of March  
two thousand and sixteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State