

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001439

Entity Name: SICKLE CELL DISEASE ASSOCIATION OF AMERICA, INC.**Current Principal Place of Business:**7240 PARKWAY DRIVE
SUITE 180
HANOVER, MD 21076**Current Mailing Address:**7240 PARKWAY DRIVE
180
HANOVER, MD 21076 US**FEI Number:** 23-7175985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	HARTFIELD, REGINA
Address	7240 PARKWAY DRIVE SUITE 180
City-State-Zip:	HANOVER MD 21076

Title	CHAIRMAN
Name	JOHNSON, THOMAS
Address	7240 PARKWAY DRIVE 180
City-State-Zip:	HANOVER MD 21076

Title	TREASURER
Name	WALKER, JAKELA MD
Address	7240 PARKWAY DRIVE 180
City-State-Zip:	HANOVER MD 21076

Title	VC
Name	ANDEMARIAM, BIREE MD
Address	115 SCARBOROUGH STREET
City-State-Zip:	HARTFORD CT 06105

Title	SECRETARY
Name	LAWRENCE, BERNIE M.
Address	4070 LAUREL RIDGE TRAIL SE
City-State-Zip:	SMYRNA GA 30080

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: REGINA HARTFIELD

PRESIDENT

04/28/2022

Electronic Signature of Signing Officer/Director Detail_____
Date