2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

WINTER PARK FL 32789

1350 N ORANGE AVE SUITE 227

DOCUMENT # N9600006581

1. Entity Name

Principal Place of Business

WINTER PARK FL 32789

1350 N ORANGE AVE SUITE 227

HEMOPHILIA FOUNDATION OF GREATER FLORIDA, INC.



03-06-2003 90100 044 ****61.25

Mar 06, 2003 8:00 am § Secretary of State

FILED

70040300



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3418827 Applied For Not Applicable Zip Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYNES, FRANCINE G 38 Street Address (P.O. Box Number is Not Acceptable) 1350 N ORANGE AVE SUITE 227 WINTER PARK FL 32789 Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

FILE NOW: FEE IS \$61,25

Make Check Payable to

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **VBOD** TITLE ☐ Delete TITLE Dim Shinholser (President) My Change DAWSON, MYRA NAME NAME 1903 Bent Oak Orive STREET ADDRESS 2176 BENT OAK DRIVE STREET ADDRESS Apopka, FL 32712 CITY-ST-7IP APOPKA FL 32712 CITY-ST-ZIP TITLE Delete TITLE Secretary / Transurer NAME BURGESON, BARBARA NAME Run Sachs STRÉET ADDRESS 3295 66TH ST SW STREET ADDRESS 610-114 Clestrut Oak Circle CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP Altomente Spring FL 321.07 TD ☐ Delete TITLE Dinne Porker SHINHOLSER, JIM NAME STREET ADDRESS 2490 St. Pauls Drive 1903 BENT OAK DRIVE STREET ADDRESS CITY-ST-ZIP apopka FL 32712 Titesville, FL 32780 CITY-ST-ZIP TITLE ☐ Delete Bill David TITLE ☐ Change noitibh Ardition MARTINEZ, MARINA NAME STREET ADDRESS 243 EASTON CIRCLE 2202 Howard Drive STREET ADDRESS CITY-ST-ZIP **OVIEDO FL 32765** CITY-ST-ZIP WINTER PORK, FL 32789 TITLE MGRM ☐ Delete Director ... TITLE Change ☐ Addition NAME WOLF, DAVID NAME Alan Apte STREET ADDRESS 2120 STONE CROSS CIRCLE STREET ADDRESS 500 GOLFANKBAVE CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP Celebrahion, FC 34747 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME ASTE, ALAN NAME STREET ADDRESS PO BOX 1673 STREET ADDRESS ORLANDO FL 32802 City-St-7iP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

40)-629-0000