

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752682

**Entity Name:** THE HYPOGLYCEMIA SUPPORT FOUNDATION, INC.**Current Principal Place of Business:**10180 NW 30TH COURT,  
APARTMENT 210  
SUNRISE, FL 33322**Current Mailing Address:**10180 NW 30TH COURT,  
APARTMENT 210  
SUNRISE, FL 33322 US**FEI Number: 59-2002919****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 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:** BILL HAVRE

04/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | PRESIDENT AND FOUNDER                 |
| Name            | RUGGIERO, ROBERTA                     |
| Address         | 10180 NW 30TH COURT,<br>APARTMENT 210 |
| City-State-Zip: | SUNRISE FL 33322                      |

|                 |                                |
|-----------------|--------------------------------|
| Title           | BOARD MEMBER                   |
| Name            | PANCIERA, TIFFANY              |
| Address         | 6001 N. OCEAN DR.<br>APT. 1202 |
| City-State-Zip: | HOLLYWOOD FL 33019             |

|                 |                        |
|-----------------|------------------------|
| Title           | BOARD MEMBER           |
| Name            | JASZCZ, RENEE          |
| Address         | 10615 WOODLAND OAKS DR |
| City-State-Zip: | BATON ROUGE LA 70809   |

|                 |                           |
|-----------------|---------------------------|
| Title           | CEO AND CFO               |
| Name            | ALDERSON, WOLFRAM         |
| Address         | 74 MOUNTAIN SPRING AVENUE |
| City-State-Zip: | SAN FRANCISCO CA 94114    |

*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:** RUGGIERO, ROBERTA**PRESIDENT**

04/15/2021

Electronic Signature of Signing Officer/Director Detail

Date