

2019 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: Yes

Name and Address of Current Registered Agent:

DALE LEDBETTER (ATTORNEY AT LAW)
411 N NEW RIVER DR. E.
FORT LAUDERDALE, FL 33301 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 PD
Name RUGGIERO, ROBERTA
Address 10180 NW 30TH COURT,
APARTMENT 210
City-State-Zip: SUNRISE FL 33322

Title STD
Name JASZCZ, RENEE
Address 102 SW HIDDEN COVE WAY
City-State-Zip: PORT SAINT LUCIE FL 34986

Title VD
Name PANCIERA, TIFFANY
Address 6001 N. OCEAN DR.
APT. 1202
City-State-Zip: HOLLYWOOD FL 33019

Title CEO
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: ROBERTA RUGGIERO

PD

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date