

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