## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 752682** 

Entity Name: THE HYPOGLYCEMIA SUPPORT FOUNDATION, INC.

**FILED** Mar 17, 2020 **Secretary of State** 3855413005CC

# **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:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title	PRESIDENT AND FOUNDER	Title	BOARD MEMBER
Name	RUGGIERO, ROBERTA	Name	PANCIERA, TIFFANY
Address	10180 NW 30TH COURT, APARTMENT 210	Address	6001 N. OCEAN DR. APT. 1202

SUNRISE FL 33322 City-State-Zip: City-State-Zip: HOLLYWOOD FL 33019

Title **BOARD MEMBER** Title CEO AND CFO

JASZCZ, RENEE ALDERSON, WOLFRAM Name Name

10615 WOODLAND OAKS DR 74 MOUNTAIN SPRING AVENUE Address Address City-State-Zip: SAN FRANCISCO CA 94114 BATON ROUGE LA 70809 City-State-Zip:

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: WOLFRAM ALDERSON

CEO & CFO

03/17/2020