

2020 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title BOARD MEMBER
Name PANCIERA, TIFFANY
Address 6001 N. OCEAN DR.
 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: WOLFRAM ALDERSON

CEO & CFO

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date