

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20830

Entity Name: HFSF GRANTS MANAGEMENT, INC.**Current Principal Place of Business:**ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
STE. #1710
MIAMI, FL 33131**Current Mailing Address:**ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
STE. #1710
MIAMI, FL 33131 US**FEI Number:** 65-0005383**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANT, LOREEN
2 S. BISCAYNE BLVD.
STE. #1710
MIAMI, FL 33131 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:** LOREEN CHANT

01/25/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	DE LUCCA, MICHAEL
Address	ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	FORTE, BARBARA
Address	ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33131

Title	P
Name	CHANT, LOREEN
Address	ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD. STE. #1710
City-State-Zip:	MIAMI FL 33131

Title	CHAIRMAN
Name	AKITI, MELIDA
Address	2 S. BISCAYNE BOULEVARD 1710
City-State-Zip:	MIAMI FL 33131

Title	CFO
Name	DILLON, ALECIA
Address	ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD. STE. #1710
City-State-Zip:	MIAMI FL 33131

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: ALECIA ROSE DILLON

CFO

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date