

**2024 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:** Yes**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

02/07/2024

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 FONTE, 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 DILLON

CFO

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date