

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006581

Entity Name: HEMOPHILIA FOUNDATION OF GREATER FLORIDA, INC.**Current Principal Place of Business:**1350 ORANGE AVE
SUITE 227
WINTER PARK, FL 32789**Current Mailing Address:**1350 ORANGE AVE
SUITE 227
WINTER PARK, FL 32789**FEI Number:** 59-3418827**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAYNES, FRANCINE G
1350 ORANGE AVE
SUITE 227
WINTER PARK, FL 32789 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 VP
Name BERKMAN, MIKE
Address 8354 TIBET BUTLER DRIVE
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name APTE, ALAN
Address PO BOX 1673
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR
Name RIGGS, JOE
Address 1350 ORANGE AVE
SUITE 227
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY/TREASURER
Name GREGORY, EILEEN
Address 1350 ORANGE AVE
SUITE 227
City-State-Zip: WINTER PARK FL 32789

Title D
Name CARTAGENA, HECTOR
Address 1912 B LEE ROAD, SUITE C-4
City-State-Zip: ORLANDO FL 32810

Title PRESIDENT
Name VROCHOPOULOS, PETER
Address 2225 MOUNT VERNON STREET
City-State-Zip: ORLANDO FL 32803

Title EXECUTIVE DIRECTOR
Name HAYNES, FRANCINE
Address 1350 ORANGE AVE
SUITE 227
City-State-Zip: WINTER PARK FL 32789

Title MR
Name VILLAREAL-CHARRIS, JOSE
Address 1350 ORANGE AVE
SUITE 227
City-State-Zip: WINTER PARK FL 32789

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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: FRANCINE HAYNES**EXECUTIVE DIRECTOR****01/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRAVO, PATRICE
Address	1350 ORANGE AVE, SUITE 227
City-State-Zip:	WINTER PARK FL 32789