

2018 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	P
Name	SACHS, RON
Address	610-114 CHESTNUT OAK CIRCLE
City-State-Zip:	ALTOMEONTE SPRINGS FL 32107

Title	D
Name	BOOKBINDER, ED
Address	780 FLORIDA CENTRAL PARKWAY, SUITE 300
City-State-Zip:	LONGWOOD FL 32750

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	VP
Name	BERKMAN, MIKE
Address	8354 TIBET BUTLER DRIVE
City-State-Zip:	WINDERMERE FL 34786

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

Title	SECRETARY/TREASURER
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

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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****01/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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