

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709825

FILED
Aug 14, 2006
Secretary of State

Entity Name: HEMOPHILIA FOUNDATION OF SOUTHERN FLORIDA, INC.

Current Principal Place of Business:

272 189TH TERRACE
MIAMI, FL 33160

New Principal Place of Business:

Current Mailing Address:

P.O BOX 85279
HALLANDALE, FL 33008

New Mailing Address:

FEI Number: 59-1097329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOULLON, ROSALIA H
1980 S. OCEAN DR., APT. 2E
HALLANDALE BEACH, FL 33009 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WYNNE, ELLEN
Address: 272 189 TERRACE
City-St-Zip: MIAMI BEACH, FL 33160

Title: D (X) Delete
Name: HARDEN, KATHY
Address: 6620 SW 43RD STREET
City-St-Zip: MIAMI, FL 33155

Title: DT () Delete
Name: WYNNE, ELLEN
Address: 272 189TH TERRACE
City-St-Zip: MIAMI BEACH, FL 33160

Title: PMD () Delete
Name: BOULLON, ROSALIA H
Address: 8600 NW 53RD TERRACE
City-St-Zip: MIAMI BEACH, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSALIA H. BOULLON

PRES

08/14/2006

Electronic Signature of Signing Officer or Director

Date