

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006581

FILED
Jan 03, 2005
Secretary of State

Entity Name: HEMOPHILIA FOUNDATION OF GREATER FLORIDA, INC.

Current Principal Place of Business:

1350 N ORANGE AVE SUITE 227
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1350 N ORANGE AVE SUITE 227
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3418827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, FRANCINE G
1350 N ORANGE AVE SUITE 227
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: VBOD () Delete
Name: DAWSON, MYRA
Address: 2176 BENT OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: SACHS, RON
Address: 610-114 CHESTNUT OAK CIRCLE
City-St-Zip: ALTOMEONTE SPRINGS, FL 32107

Title: P () Delete
Name: SHINHOLSER, JIM
Address: 1903 BENT OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: MARTINEZ, MARINA
Address: 243 EASTON CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: RIOLA, JILL
Address: 4581 OLD CARRIAGE TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: APTE, ALAN
Address: PO BOX 1673
City-St-Zip: ORLANDO, FL 32802

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:

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 Section 119.07(3)(i), 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: FRANCINE HAYNES

EXEC

01/03/2005

Electronic Signature of Signing Officer or Director

Date