

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006581

FILED  
Jan 04, 2007  
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: D ( ) 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: P (X) Change ( ) Addition  
Name: SACHS, RON  
Address: 610-114 CHESTNUT OAK CIRCLE  
City-St-Zip: ALTOMEONTE SPRINGS, FL 32107

Title: S/T (X) Change ( ) Addition  
Name: SHINHOLSER, JIM  
Address: 1903 BENT OAK DRIVE  
City-St-Zip: APOPKA, FL 32712

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

Title: D (X) Change ( ) Addition  
Name: CARTAGENA, HECTOR  
Address: 1912 B LEE ROAD, SUITE C-4  
City-St-Zip: ORLANDO, FL 32810

Title: VP (X) Change ( ) Addition  
Name: APTE, ALAN  
Address: PO BOX 1673  
City-St-Zip: ORLANDO, FL 32802

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: FRANCINE HAYNES

EXEC

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date