

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006581

FILED
Jan 06, 2010
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
Name: DAWSON, MYRA
Address: 2176 BENT OAK DRIVE
City-St-Zip: APOPKA, FL 32712

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

Title: SEC
Name: BERKMAN, MIKE
Address: 8354 TIBET BUTLER DRIVE
City-St-Zip: WINDERMERE, FL 34786

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

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

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

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

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date