

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003569

**Entity Name:** INTERNATIONAL GERIATRIC FRACTURE SOCIETY INC.**Current Principal Place of Business:**319 S GLEN ARVEN AVENUE  
TEMPLE TERRACE, FL 33617**Current Mailing Address:**319 S GLEN ARVEN AVENUE  
TEMPLE TERRACE, FL 33617 US**FEI Number:** 45-4977007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBBE, FRASER  
319 S GLEN ARVEN AVENUE  
TEMPLE TERRACE, FL 33617 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	ED
Name	COBBE, FRASER
Address	319 S GLEN ARVEN AVENUE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DIRECTOR
Name	CRIST, BRETT
Address	ONE HOSPITAL DRIVE
City-State-Zip:	COLUMBIA MO 65212

Title	PAST PRESIDENT
Name	SWITZER, JULIE
Address	640 JACKSON STREET MS 11503L
City-State-Zip:	ST PAUL MN 55101

Title	VP
Name	QUATMAN, CARMEN
Address	543 TAYLOR AVENUE
City-State-Zip:	COLUMBUS OH 43203

Title	DIRECTOR
Name	BALSAMO, TONY
Address	144 WILDFLOWER DRIVE
City-State-Zip:	WILKES BARRE PA 18702

Title	DIRECTOR
Name	MEINBERG, ERIC
Address	319 S GLEN ARVEN AVENUE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	PRESIDENT
Name	REYES, BERNARDO
Address	319 S GLEN ARVEN AVENUE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	DIRECTOR
Name	MOLLER, HANS
Address	13980 S W TOOZE RD
City-State-Zip:	SHERWOOD OR 97140

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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:** FRASER COBBE**EXECUTIVE DIRECTOR****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SORICH, MEGAN  
Address        319 S GLEN ARVEN AVENUE  
City-State-Zip:  TEMPLE TERRACE  FL  33617

Title           DIRECTOR  
Name           FRANCO-GARCIA, ESTEBAN  
Address        319 S GLEN ARVEN AVENUE  
City-State-Zip:  TEMPLE TERRACE  FL  33617

Title           DIRECTOR  
Name           MCNICOLL, LYNN  
Address        319 S GLEN ARVEN AVENUE  
City-State-Zip:  TEMPLE TERRACE  FL  33617

Title           DIRECTOR  
Name           WISEMAN, JESSICA  
Address        319 S GLEN ARVEN AVENUE  
City-State-Zip:  TEMPLE TERRACE  FL  33617

Title           DIRECTOR  
Name           FITTEN, LORI  
Address        319 S GLEN ARVEN AVENUE  
City-State-Zip:  TEMPLE TERRACE  FL  33617

Title           DIRECTOR  
Name           MCDONOUGH, CHRISTINE  
Address        319 S GLEN ARVEN AVENUE  
City-State-Zip:  TEMPLE TERRACE  FL  33617

Title           DIRECTOR  
Name           SWENSON, TERESA  
Address        319 S GLEN ARVEN AVENUE  
City-State-Zip:  TEMPLE TERRACE  FL  33617