

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

DOCUMENT# N23000000497

**Entity Name:** SARCOIDOSIS, TRANSPLANT, ORGAN PROCUREMENT AND  
CARDIOMYOPATHY FOUNDATION, INC.

**Current Principal Place of Business:**

11855 ADONCIA WAY  
STE 3203  
FORT MYERS, FL 33912

**Current Mailing Address:**

11855 ADONCIA WAY  
STE 3203  
FORT MYERS, FL 33912 US

**FEI Number:** 92-2199048

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HILFIKER, STEPHEN FRANK  
11855 ADONCIA WAY  
STE 3203  
FORT MYERS, FL 33912 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:** STEPHEN F. HILFIKER

05/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name STEPHEN FRANK HILFIKER  
Address 11855 ADONCIA WAY  
STE 3203  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name GARRY STEPHEN FIGLER  
Address 732 LEGACY PARK DRIVE  
City-State-Zip: CASSELBERRY FL 32707

Title D  
Name DAVID KARL HILMAN  
Address 21148 NW 167TH PLACE  
City-State-Zip: HIGH SPRINGS FL 32643

*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:** STEPHEN F. HILFIKER

**DIRECTOR**

05/16/2024

Electronic Signature of Signing Officer/Director Detail

Date