FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709551 (6)

1. Corporation Name

SARASOTA COMMUNITY BLOOD BANK, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1760 MOUND ST. SARASOTA FL 34236	1760 MOUND ST. SARASOTA FL 34236

3. Date Incorporated or Qualified: 09/07/1965
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-0873275 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HART, GREGORY
1760 MOUND ST.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SIGNATURE IS ERROR DATE: March 16, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SEMLER, HERBERT A	12 NAME		
STREET ADDRESS	6952 COUNTRY LKS CIR	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	VD	☒ Change ☐ Addition
NAME	ROBINSON HERB	22 NAME	Spangler, Stephen	
STREET ADDRESS	4226 GROVELAND AVE	23 STREET ADDRESS	1605 Main Street, Suite 1100	
CITY-ST-ZIP	SARASOTA, FL 00000	24 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	HOOPES, JAMES G.	32 NAME		
STREET ADDRESS	4907 LINWOOD ST.	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	CLARY GEORGE	42 NAME	Sharp, Lem	
STREET ADDRESS	2301 KALIM LN	43 STREET ADDRESS	3301 Whitfield Ave.	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	FERBER DAN	52 NAME		
STREET ADDRESS	2210 SHADOW OAKS RD	53 STREET ADDRESS		
CITY-ST-ZIP	SAASOTA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	SD	☒ Change ☐ Addition
NAME	FRANCIS JANE M	62 NAME		
STREET ADDRESS	632 GOLDEN GATE PT APT 3	63 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] 23, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI... Date Daytime Phone #

0018814