

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709551 (6)

1. Corporation Name
SARASOTA COMMUNITY BLOOD BANK, INC.



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

3. Date Incorporated or Qualified: 09/07/1965
3a. Date of Last Report: 04/17/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | | 26 | | | 59-0873275 | Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | 28 | | | <input type="checkbox"/> | |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | 29 | | | <input type="checkbox"/> | |
| 24 | Zip | 29 | Zip | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | 30 | Country | | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| HART, GREGORY 1760 MOUND ST. SARASOTA FL 34236 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 85 | Zip Code |
| | | | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEMLER, HERBERT A | 1.2 NAME | |
| STREET ADDRESS | 6952 COUNTRY LKS CIR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPANGLER, STEPHEN | 2.2 NAME | |
| STREET ADDRESS | 1605 MAIN STREET, SUITE 1100 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOOPES, JAMES G. | 3.2 NAME | |
| STREET ADDRESS | 4907 LINWOOD ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHARP, LEM | 4.2 NAME | |
| STREET ADDRESS | 3301 WHITFIELD AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERBER DAN | 5.2 NAME | |
| STREET ADDRESS | 2210 SHADOW OAKS RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 5.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANCIS JANE M | 6.2 NAME | |
| STREET ADDRESS | 632 GOLDEN GATE PT APT 3 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 6.4 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)(k), 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: _____ APRIL 25, 1996 941-954-1600
Date Daytime Phone #

CR2E037 (12/95)