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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34236-7761



3. Date Incorporated or Qualified
09/07/1965

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SEMLER, HERBERT A
STREET ADDRESS 6952 COUNTRY LKS CIR
CITY-ST-ZIP SARASOTA, FL 00000

TITLE TD ☒ DELETE
NAME HOOPES, JAMES G.
STREET ADDRESS 4907 LINWOOD ST.
CITY-ST-ZIP SARASOTA, FL 00000

TITLE D ☒ DELETE
NAME SHARP, LEM
STREET ADDRESS 3301 WHITFIELD AVE.
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME FERBER DAN
STREET ADDRESS 2210 SHADOW OAKS RD
CITY-ST-ZIP SAASOTA FL

TITLE SD ☐ DELETE
NAME FRANCIS JANE M
STREET ADDRESS 632 GOLDEN GATE PT APT 3
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME RICHARD WILLIAMS, JR.
2.3 STREET ADDRESS 1100 WESTWAY DR.
2.4 CITY-ST-ZIP SARASOTA, FL 34236

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME JAMES TOALE
3.3 STREET ADDRESS POSTAL DRAWER 4275
3.4 CITY-ST-ZIP SARASOTA FL 34230

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)