


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 709551 (6)

1. Corporation Name

SARASOTA COMMUNITY BLOOD BANK, INC.

Principal Place of Business

Mailing Address

1780 MOUND ST.
SARASOTA FL 34236

1780 MOUND ST.
SARASOTA FL 34236



3. Date Incorporated or Qualified

09/07/1965

4. FEI Number

59-0873275

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, GREGORY
1780 MOUND ST.
SARASOTA FL 34236

81 Name

FRENCH, TED

82 Street Address (P.O. Box Number is Not Acceptable)

1750 RINGLING BLVD

83

SARASOTA, FL 34236

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

3-10-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
SEMLER, HERBERT A
STREET ADDRESS 8952 COUNTRY LKS CIR
CITY-ST-ZIP SARASOTA, FL 00000

1.1 TITLE

D

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME TD
WILLIAMS, RICHARD J
STREET ADDRESS 1100 WESTWAY DR.
CITY-ST-ZIP SARASOTA, FL 00000

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VP
TOALE, JAMES
STREET ADDRESS POSTAL DRAWER 4275
CITY-ST-ZIP SARASOTA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME D
FERBER DAN
STREET ADDRESS 2210 SHADOW OAKS RD
CITY-ST-ZIP SARASOTA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE

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

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME VD
Charles Knowles
STREET ADDRESS P.O. Box 7
CITY-ST-ZIP Sarasota, FL 34230

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

SD
David Wallace
P.O. Box 3258
Sarasota, FL 34230

N/A

N/A

14. I 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.

SIGNATURE:

3/16/98 941-366-3290

CR2E037 (10/97)