


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90110 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709551**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/07/1965
22 Suite/Apt. #, etc.	27 Suite/Apt. #, etc.	4. FEI Number 59-0873275
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRENCH, TED 1750 RINGLING BLVD 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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" 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	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RICHARD J	2.2 NAME	
STREET ADDRESS	1100 WESTWAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOALE, JAMES	3.2 NAME	
STREET ADDRESS	POST DRAWER 4275 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERBER DAN	4.2 NAME	
STREET ADDRESS	2210 SHADOW OAKS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAASOTA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, DAVID	5.2 NAME	
STREET ADDRESS	P O BOX 3258 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34230	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, CHARLES	6.2 NAME	
STREET ADDRESS	P O BOX 7 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34230	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3-9-99 DAYTIME PHONE #

CR2E037-(4-1/98)

250372-90110-49  
709551

**Sarasota Community Blood Bank  
Board of Directors**

**President  
Vice-President  
Treasurer  
Secretary**

**James Toale  
Charles Knowles  
Richard Williams  
David Wallace**

**James J. Buck**  
5207 Hidden Harbor Rd  
Sarasota, FL 34242

**Stanley Cohen, DDS**  
7784 Alister Mackenzie Dr  
Sarasota, FL 34240

**Frank Guididas**  
% Guaranty Bank  
8660 S. Tamiami Tr  
Sarasota, FL 34238

**William D. Herron**  
5590 Bee Ridge Rd Ste #5  
Sarasota, FL 34233

**Charles Knowles**  
P. O. Box 7  
Sarasota, FL 34230

**Richard Krumholz, MD**  
7629 Kapok Dr  
Sarasota, FL 34241

**Jack Kunz**  
3656 San Remo Terrace  
Sarasota, FL 34239

**Carolyn Kirk Lind**  
%NBD Bank  
240 N. Washington Blvd Ste #100  
Sarasota, FL 34236-5929

**Margo L MacKenzie**  
4352 Deerfield Dr  
Sarasota, FL 34233

**Joseph B. Mintzer**  
101 S. Gulfstream Ave  
Sarasota, FL 34236

**Barry L Napshin**  
7857 S. Leewynn Ct  
Sarasota, FL 34240

**Randy B. Powell, MD**  
~~921 S. Beneva Rd~~  
Sarasota, FL 34232

**James Toale**  
22 Tuttle Ave Ste #3  
Sarasota, FL 34237

**David A. Wallace**  
PO Box 3258  
Sarasota, FL 34230-3258

**Richard Williams**  
% Williams Financial Group  
1800 2<sup>nd</sup> St  
Sarasota, FL 34236