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May 05 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 # 712776 (4)

1. Corporation Name

BLOOD CENTER OF THE ST. JOHNS, INC.

Principal Place of Business

Mailing Address

110 HEALTH PARK BLVD
ST AUGUSTINE FL 32086

110 HEALTH PARK BLVD
ST AUGUSTINE FL 32086-5776



3. Date Incorporated or Qualified
05/19/1967

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

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

24

25

29

30

4. FEI Number
59-0752920

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

BAILEY, JOHN D., JR.
780 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME NORRIS, HARDGROVE S., M.
STREET ADDRESS 23 MENENDEZ ROAD
CITY-ST-ZIP ST AUGUSTINE FL

1.1 TITLE TD
1.2 NAME DUKE BOACHARDT
1.3 STREET ADDRESS 7 GRANDVIEW RD
1.4 CITY-ST-ZIP ST AUGUSTINE, FL 32084

TITLE TD
NAME HERMAN, JOHN W
STREET ADDRESS 2 GRANDVIEW RD
CITY-ST-ZIP ST AUGUSTINE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME BAILEY, JOHN D. JR.
STREET ADDRESS 780 N PONCE DE LEON BLVD
CITY-ST-ZIP ST AUGUSTINE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME THOMPSON, SHIRLEY
STREET ADDRESS 1 PELICAN REEF
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE PD
NAME MCGRATH, WILLIAM
STREET ADDRESS 12 SARAGOSSA
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE ED
NAME PELOQUIN, PETER M.
STREET ADDRESS % 110 HEALTH PARK BLVD
CITY-ST-ZIP ST AUGUSTINE FL

6.1 TITLE
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)