FILE NOW: FILING FEE IS $61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 05/19/1967

4. FEI Number: 59-0752920 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NORRIS, HARDGROVE S., M.		1.2 NAME		
STREET ADDRESS	23 MENENDEZ ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUKE, BORCHARDT		2.2 NAME		
STREET ADDRESS	7 GRANDVIEW RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, JOHN D. JR.		3.2 NAME		
STREET ADDRESS	780 N PONCE DE LEON BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, SHIRLEY		4.2 NAME		
STREET ADDRESS	1 PELICAN REEF		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH, WILLIAM		5.2 NAME		
STREET ADDRESS	12 SARAGOSSA		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PELOQUIN, PETER M.		6.2 NAME		
STREET ADDRESS	% 110 HEALTH PARK BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Pat B. Peloquin **SIGNATURE REQUIRED** 1-6-98 904-824-1891