

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716951 (9)

1. Corporation Name

CITRUS REGIONAL BLOOD CENTER, INC.



Principal Place of Business

Mailing Address

3200 LAKELAND HILLS BLVD  
LAKELAND FL 33805  
US3200 LAKELAND HILLS BLVD.  
LAKELAND FL 33805-2271  
US3. Date Incorporated or Qualified  
08/05/19693a. Date of Last Report  
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-0720864

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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

BARR, ALICE  
3200 LAKELAND HILLS BLVD.  
LAKELAND FL 33805

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLARD, TOM	
STREET ADDRESS	800 S. MISSISSIPPI AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HERRING, RONALD A	
STREET ADDRESS	2654 HANDLEY BLVD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCLEOD, JOYCE	
STREET ADDRESS	3341 W. MAIN	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FUNK, MARLIN	
STREET ADDRESS	2016 CASTLE COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLINE, JUDY	
STREET ADDRESS	2016 CASTLE COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	BARR, ALICE	
STREET ADDRESS	3200 LAKELAND HILLS BLVD.	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronald A. Herring	
1.3 STREET ADDRESS	2654 Handley Blvd.	
1.4 CITY-ST-ZIP	Lakeland, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joyce McLeod	
2.3 STREET ADDRESS	3341 W. Main	
2.4 CITY-ST-ZIP	Wauchula, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Judy Cline	
3.3 STREET ADDRESS	2016 Castle Court	
3.4 CITY-ST-ZIP	Lakeland, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Faye Sanders	
5.3 STREET ADDRESS	4205 Old Hwy 37, Apt. 40	
5.4 CITY-ST-ZIP	Lakeland, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97

(941) 687-8925

Date

Daytime Phone # 0052769

CR2E037 (9/96)