

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729802 (9)

1. Corporation Name

CIVITAN REGIONAL BLOOD CENTER, INC.



Principal Place of Business

Mailing Address

1221 N.W. 13TH STREET
GAINESVILLE FL 32601-4111

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GAINESVILLE FL 32601-4111

3. Date Incorporated or Qualified 05/30/1974
3a. Date of Last Report 03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number 59-1545914
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

HASWELL, JOHN
211 NE FIRST ST
GAINESVILLE FL 32601

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, PHILIP H.	12 NAME	
STREET ADDRESS	7020 LAKE SHORE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, REEVES H., JR.	22 NAME	
STREET ADDRESS	3632 N.W. 52ND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, WILLARD G.	32 NAME	
STREET ADDRESS	1428 N.W. 47TH TERR.	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVIS, HERBERT A.	42 NAME	
STREET ADDRESS	3414 N.W. 7TH PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKERT, NANCY	52 NAME	
STREET ADDRESS	4809 SW 3RD PLACE	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Nancy Eckert* CEO Nancy Eckert 1/17/96 (352)334-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)