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Mar 06 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 # 729802 (9)

1. Corporation Name  
CIVITAN REGIONAL BLOOD CENTER, INC.



Principal Place of Business: 221 N.W. 13TH STREET, GAINESVILLE FL 32601-4111  
Mailing Address: 1221 N.W. 13TH STREET, GAINESVILLE FL 32601-4111

3. Date Incorporated or Qualified: 05/30/1974  
3a. Date of Last Report: 01/31/1996  
4. FEI Number: 59-1545914  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
HASWELL, JOHN  
211 NE FIRST ST  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 5 rows of officer information (CD, VCD, TD, SD, CEO) including titles, names, and addresses.

Table with 4 columns for additions/changes to officers (1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4).

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 or changed, or on an attachment with an address.

SIGNATURE: Nancy Eckert, CEO  
DATE: 2/19/97  
DAYTIME PHONE: (352) 334-1000

CF2E037 (9/96)