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FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751255 (1)

1. Corporation Name

FLORIDA BLOOD FOUNDATION, INC.

Principal Place of Business

1221 TURNER STREET, STE 103  
CLEARWATER FL 34616

Mailing Address

1221 TURNER STREET, STE 103  
CLEARWATER FL 34616-58323. Date Incorporated or Qualified  
02/26/19803a. Date of Last Report  
04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number  
59-2216675Applied For  
Not Applicable5. 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

ANDRIOLA, MICHAEL J  
416 LOTUS PATH  
CLEARWATER FL 34616

81 Name Douglas R. Birch

82 Street Address (P.O. Box Number is Not Acceptable)  
33 N. Garden Ave., #800

83

84 City Clearwater

FL

85 Zip Code  
34615

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	GUTHRIE, J. MARVIN	
STREET ADDRESS	1230 S MYRTLE AVE SUITE 101	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BABKA, ROBIN	
STREET ADDRESS	101 PALMETTO RD	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDRIOLA, MICHAEL J	
STREET ADDRESS	416 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BIRCH, DOUGLAS R	
STREET ADDRESS	33 N GARDEN AVE #800	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOOTE, SALLY	
STREET ADDRESS	1150 CLEVELAND ST SUITE 301	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	ROSENBLUM, BARBARA L.	
STREET ADDRESS	7 AMBLESIDE DRIVE	
CITY-ST-ZIP	BELLEAIR FL	

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James C. Gibson	
1.3 STREET ADDRESS	1150 8th Ave., SW	
1.4 CITY-ST-ZIP	Largo, FL 34640	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ernst Upneyer, III	
5.3 STREET ADDRESS	1333 Indian Rocks Road	
5.4 CITY-ST-ZIP	Belleair, FL 34616	
6.1 TITLE	D	<input checked="" 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

Date

Daytime Phone # 0066883

CR2E037 (9/96)