

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90078 041 ****70.00

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|--|---|--|--|---|--|
| DOCUMENT # 751255 1. Entity Name FLORIDA BLOOD SERVICES FOUNDATION, INC. | | | | | |
| Principal Place of Business 10100 NINTH ST NORTH SAINT PETERSBURG, FL 33716-3806 | | | Mailing Address 10100 MARTIN LUTHER KING ST. N SAINT PETERSBURG, FL 33716-3806 | | |
| 2. Principal Place of Business 10100 DR MARTIN L KING ST. N. | | | 3. Mailing Address 10100 DR. MARTIN L KING ST. N | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-2216675 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BERTKE, ROY 2962 STOCKWOOD DR. SAINT PETERSBURG, FL 33746 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City CLEARWATER FL Zip Code 33761 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TPP FLUHARTY, STEPHEN P P.O. BOX 1 TAMPA, FL 336010001 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T1VP ADAMS, GEORGE 3121 E VINA DEL MAR SAINT PETERSBURG, FL 33706 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T2VP GEORGE TIGERT, CYNTHIA A 3431 HENDERSON BLVD. TAMPA, FL 33609 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BERTKE, ROY JR 2962 STOCKWOOD DRIVE CLEARWATER, FL 33761 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS UMEYER, ERNST III 1333 INDIAN ROCKS RD. CLEARWATER, FL 33756 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROBIN BABKA 101 PALMETTO ROAD BELLEAIR FL 33756 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JUAN A VEGA, JR 202 63RD AVE SOUTH ST PETERSBURG, FL 33705 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ARTHUR HAEDIKE 5701 W. MARINER DRIVE #802 TAMPA, FL 33609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other officers empowered. | | | | | |
| SIGNATURE | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 4-07-05 (727) 568-5433 | | | | | |

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04052005 Chg-NP CR2E037 (10/03)