2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2006 8:00 am Secretary of State

DOCUMENT # 751255 1. Entity Name FLORIDA BLOOD SERVICES FOUNDATION, INC.										03-15-2000	6 900 8 8	032 ****7	'0.00
Principal Place of Business 10100 DR MARTIN L KING ST N 10100 DR MARTIN L KING SAINT PETERSBURG, FL 33716-3806 Mailing Address 10100 DR MARTIN L KING SAINT PETERSBURG, FL 33									·,				23 61 JY 1111
2. Principal Place of Business 3.				3. Mailing Address									
Suite, Apt.	. #, etc.	Sui	Suite, Apt. #, etc.				010520	06	Chg-NP	CR2E	037 (11/05)		
City & State			City & State					4. FEI No. 59-2	umber 22166	375			pplied For ot Applicable
Zip		Country	Zip	Zip		Country		5. Certifi	cate of	Status Desired		\$8.75 Ad Fee Require	
	6. Name and	Address of Currer	nt Registere	d Agent		ļ		7. Name	and A	ddress of New	Registere	d Agent	
BERTKE, ROY 2962 STOCKWOOD DR.						Name Street A	ne eet Address (P.O. Box Number is Not Acceptable)						
SAINT PETERSBURG, FL-33716-													
CLEARWATER, FL 3376 (City		_			F	Zip Coo	le
The above named entity submits this statement for the purpose of changing its registered of						1 6			- 1 41-	in the Other 15			
	tions of registered			use of changing its i		3 1 D	register	ed agent, o	ir Doin,	3/6	9/0	m tamiliar with,	, and accept
Old/Willonic	Signature, typed or prin	ted the of registered age	m and the if appl	icable. (NOTE:	Registered	d Agent signat	ture required	when reinstating	g)		DATE		
Old Williams	Filing Fee is Due by May	\$61.25	nd and the Ind	9. Election Cam Trust Fund Co	paign F	inancing		\$5.00 M Added to F	ay Be		Make che	ck payable t	
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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 like empowered.

SIGNATURE: _

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 727 568 2231

Daytime Phone #