


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90066 039 \*\*\*\*70.00

<b>DOCUMENT # 751255</b> 1. Entity Name FLORIDA BLOOD SERVICES FOUNDATION, INC.					
Principal Place of Business 10100 DR MARTIN L KING ST N SAINT PETERSBURG, FL 33716-3806			Mailing Address 10100 DR MARTIN L KING ST N SAINT PETERSBURG, FL 33716-3806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2216675	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BERTKE, ROY 2962 STOCKWOOD DR. CLEARWATER, FL 33761				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T2VP	<input checked="" type="checkbox"/> Delete	TITLE	T2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUGC, JOSEPH WN		NAME	NANCY BARRITT	
STREET ADDRESS	709 S PACKWOOD AVE		STREET ADDRESS	2512 SIMMS BLVD WEST	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LEROY		NAME		
STREET ADDRESS	12304 WYCLIFF ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP		
TITLE	T1VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, JUAN A JR		NAME		
STREET ADDRESS	110-63RD AVE, S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	TPP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTKE, ROY JR		NAME		
STREET ADDRESS	2962 STOCKWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAST, APTHORP		NAME		
STREET ADDRESS	3218 BAY VILLA AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAEDIKE, ARTHUR		NAME	NANCY BOWMAN KELLER	
STREET ADDRESS	5701 W MARINER DRIVE		STREET ADDRESS	1636 FIRST AVE N.	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
SIGNATURE: <i>Nancy B. Keller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>3/1/07</i> Daytime Phone #		