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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

761878

(8)

| JAMES N. PATTERSON RESEARCH AND EDUCATION FUND O F THE SOUTHWEST FLORIDA BLOOD BANK, AN AFFILIATE | | | | | | | | |
|---|--|--|----------------|-----------------------|---|-------------------------------|-----------------------|------------------------|
| Principal Plac | e of Business | Mailing Address | | | 6 1801) innin milli tibe i tette sambi it | 217 B1B11 B1931 1 | 11054 G1611 B41 | 111 8 1811 1846 |
| 3802 SPECTRUM ROAD TAMPA FL 33612 US | | 3602 SPECTRUM BLVD. TAMPA FL 33612-9401 US | | | 1 | | | |
| | | | | | 3. Date Incorporated or Qualified 02/09/1982 | | of Last R 1/19/199 | |
| 2. Principal Place of Business | | 2a. Mailing Address 26 | | | 4. FEI Number 59-2287677 | Applied For Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | S8.75 Additional Fee Required | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added 1 | |
| Zip | Country | Zip | Cou | intry | 8. This corporation has liability for i | | | |
| 24 | 25 | 29 | 30 | | | Yes 🗀 | | |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New Re | gistered As | jent | |
| | | | | 81 Name | | | | |
| | GERMAN F. | | ! | 82 Street Add | dress (P.O. Box Number is Not Acceptab | ole) | | |
| | ECTRUM BLVD | | ļ | | | | | |
| TAMPA FL 33612 | | | | 83 | | | | |
| | | | I | 84 City | | | 85 Zip (| Code |
| | <u> </u> | | | | | t L | | |
| 11. Pursuant | to the provisions of Sections 617.0 | 502 and 617.1508, Florida Sta | atutes, the at | bove-named co | orporation submits this statement for the p ation's board of directors. I hereby accep | urpose of c | hanging it | s registered |
| agent I a | im familiar with, and accept the ob | ligations of Section 617.0503 | Florida Stat | iules. | allotts board of directors, rifereby docep | ı πıc αρρ√ | .I(IIIOII. as | 18gistored |
| BIGNATURE | Je - L | lyne | 66121 | ለልላ ተ | . LEPARC | 4-09- | 97 | |
| | Signature. Typed or printed name of registered | | | d Agent signature req | quired when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | PD APELL M.D. | ☐ DELETE | 1.1 70 | 1 | | | Change | Addition |
| NAME | ABELL, M R | | 1.2 N/ | | · · | | | |
| STREET ADDRESS | 3601 HUDSON LANE | | | TREET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL. | DELTE | | ITY-ST-ZIP | | —— | 7 ALADAS | Addition |
| TITLE | TD A C | ☐ DELETE | 2.1 TI | | | | _! Change | Addition |
| NAME | DIVERS, A.G. | | 2.2 N/ | | | | | |
| STREET ADDRESS | 4400 N ARMENIA | | | TREET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL | Dourte | | CITY-ST-ZIP | | ——— | 7 05 10 00 | Addition |
| TITLE | SD DALII I | DELETE | 3.1 Tr | | | i. | Change | Addition |
| NAME | SCHMIDT, PAUL J | | 3.2 N/ | | | | | |
| STREET ADDRESS | 3602 SPECTRUM BLVD | | | TREET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA FL VD | DELETE | | CITY-ST-ZIP | | —т | Change | Addition |
| TITLE | | DELETE | 4.1 TI | I | | L | Change | Addition |
| NAME | VALDES, PLANO B. | | 4. 2 N | 1 | | | | |
| STREET ADDRESS | 702 FRANKLIN STREET | | 1 | TREET ADDRESS | | | | I |
| CITY-ST-ZIP | TAMPA FL | ☐ DELETE | | ITY-ST-ZIP | | | Tiphanan | Addition |
| TITLE | VD SHIVELY, JOHN A. | Ļ νειειτ | 5.1 T/ | 1 | | L | Change | Monuton |
| NAME | | | 5.2 N/ | I | | | | |
| STREET ADDRESS | 12901 N 30 ST. TAMPA FL | | | TREET ADDRESS | | | | i |
| CITY-ST-ZIP | IAMPA FL | ☐ DELETE | | ITY-ST-ZIP | | — | T Change | - Laterian |
| TITLE | | ☐ OELETE | 6.1 TI | 1 | | L | Change | Addition |
| NAME | | | 6.2 N/ | 1 | | | | |
| STREET ADDRESS | | | - 1 | TREET ADDRESS | | | | |
| CITY - ST. MP | l | | 640 | ITY ST . 7(P | | | | ļ |

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.