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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90015 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006652

1. Corporation Name

SARASOTA COMMUNITY BLOOD BANK FOUNDATION, INC.

Principal Place of Business

1760 MOUND STREET
SARASOTA FL 34236

Mailing Address

1760 MOUND STREET
SARASOTA FL 34236



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	11/24/1997
23. City & State	27. City & State	4. FEI Number
24. Zip	28. Zip	65-0823005
25. Country	29. Country	Applied For
30. Country	30. Country	Not Applicable

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRENCH, TED 1750 RINGLING BLVD SARASOTA FL 34236		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEMLER, HERBERT A	1.2 NAME	MARY LYNN DESJARLAIS
STREET ADDRESS	6952 COUNTRY LAKES CIR	1.3 STREET ADDRESS	8075 BENJAV RD S
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, GREGORY	2.2 NAME	JANE MARSHALL
STREET ADDRESS	1760 MOUND STREET	2.3 STREET ADDRESS	1760 MOUND ST
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOALE, JAMES	3.2 NAME	
STREET ADDRESS	22 S TUTTLE AVE, SUITE 3	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMHOLZ, RICHARD	4.2 NAME	RICHARD KRUMHOLZ
STREET ADDRESS	105 N WARBLER LANE	4.3 STREET ADDRESS	105 N WARBLER LANE
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRON, WILLIAM D	5.2 NAME	WILLIAM D HERRON
STREET ADDRESS	5590 BEE RIDGE RD, STE 3	5.3 STREET ADDRESS	5590 BEE RIDGE RD, STE 3
CITY-ST-ZIP	SARASOTA FL 34233	5.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 3-9-99 Date Daytime Phone #

CR2E037 (11/98)