


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000006652</b> 1. Entity Name <b>SARASOTA COMMUNITY BLOOD BANK FOUNDATION, INC.</b>		
Principal Place of Business <b>1760 MOUND STREET SARASOTA FL 34236</b>		Mailing Address <b>1760 MOUND STREET SARASOTA FL 34236</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent  <b>LPS CORPORATE SERVICES, INC 46 NORTH WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent  Name  Street Address (P. O. Box Number is Not Acceptable)  City
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.		



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0823005** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution  **\$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	DV <b>DESJARLAIS, MARY LYNN</b> 8075 BENAVAL RD S SARASOTA FL 34238	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: right; font-size: small;">                         U00000351572                          05/02/05-80150-023 70.00                     </div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS <b>MAGENHEIM, MARK</b> 4571 ROBINHOOD TRAIL SARASOTA FL 34232	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP <b>TOALE, JAMES</b> 22 S TUTTLE AVE, SUITE 3 SARASOTA FL 34237	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT <b>BUCK, JIM</b> 5207 HIDDEN HARBOR ROAD SARASOTA FL 34242	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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 like empowered.

**SIGNATURE:** Mark Magenheim **MARK MAGENHEIM** 4.28.05 (941)-954-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #