


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 729802 1. Entity Name LIFESOUTH COMMUNITY BLOOD CENTERS, INC.	
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Principal Place of Business 4039 NEWBERRY ROAD GAINESVILLE, FL 32607	Mailing Address 4039 NEWBERRY ROAD GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1545914	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HASWELL, JOHN
211 NE FIRST ST
GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAKER, PHILIP H. 7020 LAKE SHORE DR. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BYRD, REEVES H., JR. 3632 N.W. 52ND AVE. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAFFER, WILLARD G. 1428 N.W. 47TH TERR. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENNAN, MIKE 3102 SW 1ST WAY GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ECKERT, NANCY 4809 SW 3RD PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000570734
07/18/06-80006-006.70.00

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 or without a power of attorney.

SIGNATURE:  7/10/06 352-224-1660

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