

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736589

FILED
Apr 21, 2008
Secretary of State

Entity Name: FLORIDA'S BLOOD CENTERS, INC.

Current Principal Place of Business:

8669 COMMODITY CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8669 COMMODITY CIRCLE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-0668473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHINODA, ANNE K P/D
8669 COMMODITY CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MALD () Delete
Name: PELLARIN, THOMAS
Address: 482 S. KELLER RD
City-St-Zip: ORLANDO, FL 32810

Title: P/D () Delete
Name: CHINODA, ANNE K
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: C/D () Delete
Name: YATES, LEIGHTON D
Address: 200 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: MALD () Delete
Name: COSTALES, RICHARD E MR.
Address: 1000 UNIVERSAL STUDIOS PLAZA
City-St-Zip: ORLANDO, FL 32819

Title: O () Delete
Name: TAGGART, JENNIFER
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: VC/D () Delete
Name: RICHMOND, BRADFORD C
Address: 5900 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE K. CHINODA

CEO

04/21/2008

Electronic Signature of Signing Officer or Director

Date