

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729802

FILED
Feb 16, 2009
Secretary of State

Entity Name: LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Current Principal Place of Business:

4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-1545914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HASWELL, JOHN H
726 NE FIRST STREET
GAINESVILLE, FL 32601 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: CD () Delete
Name: BAKER, PHILIP H
Address: 7020 LAKE SHORE DR.
City-St-Zip: GAINESVILLE, FL

Title: VCD () Delete
Name: BYRD, REEVES H JR
Address: 3632 N.W. 52ND AVE.
City-St-Zip: GAINESVILLE, FL

Title: TD () Delete
Name: SHAFER, WILLARD G
Address: 5000 SW 25TH BLVD APT 2120
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: WILLIAMS, ANDREW
Address: 8979 SW 44TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: CEO () Delete
Name: ECKERT, NANCY
Address: 4809 SW 3RD PLACE
City-St-Zip: GAINESVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

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: CFO () Change (X) Addition
Name: GREBE, PAUL
Address: 1806 NW 22ND TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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: PAUL GREBE

CFO

02/16/2009

Electronic Signature of Signing Officer or Director

Date