

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709551

Entity Name: SUNCOAST COMMUNITIES BLOOD BANK, INC.**Current Principal Place of Business:**1760 MOUND ST.
SARASOTA, FL 34236**Current Mailing Address:**1760 MOUND ST.
SARASOTA, FL 34236**FEI Number:** 59-0873275**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LPS CORPORATE SERVICES, INC.
46 NORTH WASHINGTON BOULEVARD
SUITE 1
SARASOTA, FL 34236 US*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**Officer/Director Detail :**

Title	TREASURER
Name	MAIO, ALAN
Address	1760 MOUND STREET
City-State-Zip:	SARASOTA FL 34236

Title	PRESIDENT
Name	LEGLER, MARY ANN
Address	1760 MOUND STREET
City-State-Zip:	SARASOTA FL 34236

Title	ASSISTANT TREASURER
Name	HATCHER, BEN
Address	1760 MOUND STREET
City-State-Zip:	SARASOTA FL 34236

Title	IMMEDIATE PAST PRESIDENT
Name	BAGLEY, SARA
Address	1760 MOUND STREET
City-State-Zip:	SARASOTA FL 34236

Title	SECRETARY
Name	VEENEMAN, MARGARET
Address	1760 MOUND STREET
City-State-Zip:	SARASOTA FL 34236

Title	CHIEF EXECUTIVE OFFICER
Name	BUSH, SCOTT M
Address	1760 MOUND STREET
City-State-Zip:	SARASOTA FL 34236

Title	PRESIDENT-ELECT
Name	HARGREAVES, KATHLEEN
Address	1760 MOUND STREET
City-State-Zip:	SARASOTA FL 34236

I hereby 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 all other like empowered.

SIGNATURE: SCOTT BUSHCHEIF EXECUTIVE
OFFICER

04/10/2014

Electronic Signature of Signing Officer/Director Detail_____
Date