

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751255

Entity Name: ONEBLOOD FOUNDATION, INC.**Current Principal Place of Business:**10100 DR MARTIN L KING JR ST N
SAINT PETERSBURG, FL 33716-3806**Current Mailing Address:**10100 DR MARTIN L KING JR ST N
SAINT PETERSBURG, FL 33716-3806 US**FEI Number:** 59-2216675**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202-5017 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:** MICHAEL A. OKATY, PARTNER

01/24/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO, PRESIDENT
Name	MURPHY, JOHN
Address	10100 DR MARTIN L KING JR ST N
City-State-Zip:	SAINT PETERSBURG FL 33716-3806

Title	SECRETARY, TREASURER
Name	DODDRIDGE, DONALD D
Address	10100 DR MARTIN L KING JR ST N
City-State-Zip:	SAINT PETERSBURG FL 33716-3806

Title	DIRECTOR
Name	DODDRIDGE, DONALD D
Address	10100 DR MARTIN L KING JR ST N
City-State-Zip:	SAINT PETERSBURG FL 33716-3806

Title	DIRECTOR
Name	LANGFORD, ALLEN W
Address	10100 DR MARTIN L KING JR ST N
City-State-Zip:	SAINT PETERSBURG FL 33716-3806

Title	DIRECTOR
Name	OKATY, MICHAEL A
Address	10100 DR MARTIN L KING JR ST N
City-State-Zip:	SAINT PETERSBURG FL 33716-3806

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: MICHAEL A. OKATY

DIRECTOR

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date