

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005642

**Entity Name:** COMMUNITY BLOOD HOLDINGS, INC.

**Current Principal Place of Business:**

726 NE 1ST ST  
GAINESVILLE, FL 32601

**Current Mailing Address:**

726 NE 1ST ST  
GAINESVILLE, FL 32601 US

**FEI Number: 82-1728681**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HASWELL, JOHN ESQ  
726 NE 1ST ST  
GAINESVILLE, FL 32601 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 D  
Name HASWELL, JOHN  
Address 726 NE 1ST ST  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name BROWN, RONNIE  
Address 726 NE 1ST ST  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name ECKERT, NANCY  
Address 726 NE 1ST ST  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name ELLIS, GEORGIANN  
Address 726 NE 1ST ST  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name MARKEN, DOUG  
Address 726 NE 1ST ST  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name KELLY, JAMES  
Address 726 NE 1ST ST  
City-State-Zip: GAINESVILLE FL 32601

*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: JOHN H. HASWELL**

**DIRECTOR/REGISTERED AGENT 02/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date