

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700414 (6)

1. Corporation Name

NORTHWEST FLORIDA BLOOD CENTER, INC.

Principal Place of Business

**2201 NORTH 9TH AVE
PENSACOLA FL 32503-3948**

Mailing Address

**2201 NORTH 9TH AVE
PENSACOLA FL 32503-3948**



3. Date Incorporated or Qualified

02/08/1960

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, PHILLIP R.
40 ROCKWOOD ROAD
PENSACOLA FL 32504**

81 Name

MAGUIRE, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

8500 PUNTA LORA

83

84 City

PENSACOLA,

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michael L. Maguire

(NOTE: Registered Agent signature required when reappointing)

DATE

1-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAGUIRE, MICHAEL	
STREET ADDRESS	8500 PUNTA LORA	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARFIELD, SHEILA	
STREET ADDRESS	4140 MENENDEZ DR	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAGNON, GEORGE L	
STREET ADDRESS	1144 NORTH 77TH AVENUE	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIXON, WILLIAM P	
STREET ADDRESS	2320 N. MAGNOLIA AVE.	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELL, CHARLES A	
STREET ADDRESS	7206 TIPPEN AVE.	
CITY - ST - ZIP	PENSACOLA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SMITH, JOSEPH D.	
1.3 STREET ADDRESS	4020 GALLAHAD ROAD	
1.4 CITY - ST - ZIP	PENSACOLA, FL 32514	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAGNON, GEORGE	
2.3 STREET ADDRESS	1144 N. 77TH AVENUE	
2.4 CITY - ST - ZIP	PENSACOLA, FL 32506	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PHILLIP R. CAMPBELL	
3.3 STREET ADDRESS	40 ROCKWOOD ROAD	
3.4 CITY - ST - ZIP	PENSACOLA, FL 32504	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael L. Maguire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

Date

904-434-2535

Daytime Phone #

CR2E037 (12/95)