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FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32503-39483. Date Incorporated or Qualified  
02/08/19603a. Date of Last Report  
02/12/1996

4. FEI Number

59-0714811

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGUIRE, MICHAEL  
8500 PUNTA LORA  
PENSACOLA FL 32504

81 Name

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

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE  
NAME SMITH, JOSEPH D  
STREET ADDRESS 4020 GALLAHAD ROAD  
CITY - ST - ZIP PENSACOLA FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE TD ☒ DELETE  
NAME GAGNON, GEORGE  
STREET ADDRESS 1144 N 77TH AVE  
CITY - ST - ZIP PENSACOLA FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME TD  
2.3 STREET ADDRESS CAMPBELL, PHILLIP R.  
2.4 CITY - ST - ZIP 40 ROCKWOOD RD  
PENSACOLA, FLTITLE D ☐ DELETE  
NAME CAMPBELL, PHILLIP R.  
STREET ADDRESS 40 ROCKWOOD RD  
CITY - ST - ZIP PENSACOLA FL3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS HAMILTON, BLAKE  
3.4 CITY - ST - ZIP 1412 TEMPLEMORE DR  
CANTONMENT, FLTITLE D ☒ DELETE  
NAME HIXON, WILLIAM P  
STREET ADDRESS 2320 N. MAGNOLIA AVE.  
CITY - ST - ZIP PENSACOLA, FL 000004.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D  
4.3 STREET ADDRESS WHITE JR., CHARLES  
4.4 CITY - ST - ZIP 3700 BARNWELL CIRCLE  
PENSACOLA, FLTITLE D ☐ DELETE  
NAME NELL, CHARLES A  
STREET ADDRESS 7206 TIPPEN AVE.  
CITY - ST - ZIP PENSACOLA, FL 000005.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

Daytime Phone # 672-5000

CR2E037 (9/96)