


FILE NOW: FILING FEE IS \$61.25

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Mar 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700414** (6)  
1. Corporation Name  
**NORTHWEST FLORIDA BLOOD CENTER, INC.**

Principal Place of Business <b>2201 NORTH 9TH AVE PENSACOLA FL 32503-3948</b>	Mailing Address <b>2201 NORTH 9TH AVE PENSACOLA FL 32503-3948</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>02/08/1960</b>	4. FEI Number <b>59-0714811</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**ROBERTS, EUGENE E. JR.  
2201 NORTH 9TH AVENUE  
PENSACOLA FL 32503-3999**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JOSEPH D</b>	
STREET ADDRESS	<b>4020 GALLAHAD ROAD</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, PHILLIP R</b>	
STREET ADDRESS	<b>40 ROCKWOOD RD</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMPBELL, PHILLIP R.</b>	
STREET ADDRESS	<b>40 ROCKWOOD RD</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE JR., CHARLES</b>	
STREET ADDRESS	<b>3700 BARNWELL CIR</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NELL, CHARLES A</b>	
STREET ADDRESS	<b>7206 TIPPEN AVE.</b>	
CITY - ST - ZIP	<b>PENSACOLA, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMILTON, BLAKE</b>	
STREET ADDRESS	<b>1412 TEMPLEMORE DR</b>	
CITY - ST - ZIP	<b>CANTONMENT FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>C. EDWARD STANFORD, SR</b>	
3.3 STREET ADDRESS	<b>817 DEEDRA AVENUE</b>	
3.4 CITY - ST - ZIP	<b>Pensacola FL 32514</b>	
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	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>GORDON TOWNE</b>	
6.3 STREET ADDRESS	<b>4603 NORTHMOORE CT</b>	
6.4 CITY - ST - ZIP	<b>Pensacola FL 32503</b>	

14. I 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: **X Joseph D. Smith** 3/10/98 850-434-2535

CR2E037 (10/97)