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Feb 02, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700414

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/08/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-0714811	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
Zip		Zip		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERTS, EUGENE E. JR. 2201 NORTH 9TH AVENUE PENSACOLA FL 32503-3999				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P <input type="checkbox"/> DELETE NAME SMITH, JOSEPH D. STREET ADDRESS 4020 GALLAHAD ROAD CITY-ST-ZIP PENSACOLA FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE TD <input type="checkbox"/> DELETE NAME CAMPBELL, PHILLIP R STREET ADDRESS 40 ROCKWOOD RD. CITY-ST-ZIP PENSACOLA FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE VP <input type="checkbox"/> DELETE NAME STANFORD, C E SR STREET ADDRESS 817 DEEDRA AVE CITY-ST-ZIP PENSACOLA FL 32514				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME WHITE JR., CHARLES STREET ADDRESS 3700 BARNWELL CIR CITY-ST-ZIP PENSACOLA, FL 00000				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME NELL, CHARLES A STREET ADDRESS 7206 TIPPEN AVE. CITY-ST-ZIP PENSACOLA, FL 00000				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME TOWNE, GORDON STREET ADDRESS 4603 NORTHMOORE CT CITY-ST-ZIP PENSACOLA FL 32503				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 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, with all other like empowered.

SIGNATURE: Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 850-452-4994
Date Daytime Phone #