

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700414

FILED
Feb 19, 2008
Secretary of State

Entity Name: NORTHWEST FLORIDA BLOOD CENTER, INC.

Current Principal Place of Business:

1999 EAST NINE MILE ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

1999 EAST NINE MILE ROAD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-0714811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, EUGENE E. JR.
1999 EAST NINE MILE ROAD
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, JOSEPH D
Address: 4020 GALLAHAD ROAD
City-St-Zip: PENSACOLA, FL

Title: TD () Delete
Name: PARAZINE, CLYDE
Address: 8421 MILLSTREAM DR
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: BUTLER, ALTON DR
Address: 7966 TEMPLETON RD
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: WHITE JR, . CHARLES
Address: 3700 BARNWELL CIR
City-St-Zip: PENSACOLA, FL 00000,

Title: D () Delete
Name: NELL, CHARLES A,
Address: 7206 TIPPEN AVE.
City-St-Zip: PENSACOLA, FL 00000,

Title: D () Delete
Name: TOWNE, GORDON
Address: 4603 NORTHMOORE CT
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLYDE PARAZINE

TD

02/19/2008

Electronic Signature of Signing Officer or Director

Date