

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702714

FILED
Jan 05, 2004
Secretary of State

Entity Name: INDIAN RIVER BLOOD BANK, INC.

Current Principal Place of Business:

1300 36TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1300 36TH STREET
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-0942152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSTON, PATRICIA M
1300 36TH STREET
VERO BEACH, FL 32960 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: TD () Delete
Name: NOLTE, MICHELLE
Address: 900 ROYAL PALM PL.
City-St-Zip: VERO BEACH, FL

Title: SD () Delete
Name: ATKINSON, ROBERT,
Address: 1236 36TH AVE
City-St-Zip: VERO BCH, FL

Title: PD () Delete
Name: ADAMS, PAUL
Address: 6481 NORTH OLD DIXIE HWY
City-St-Zip: FT. PIERCE, FL

Title: VPD () Delete
Name: EGAN, J B
Address: 4631 9 PL
City-St-Zip: VERO BEACH, FL 32966

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHELLE NOLTE

TD

01/05/2004

Electronic Signature of Signing Officer or Director

Date