

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702714

FILED  
Jan 04, 2007  
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 ( )**

**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: PD ( ) Delete  
Name: NOLTE, MICHELLE  
Address: 900 ROYAL PALM PL.  
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete  
Name: KING, DOUGLAS  
Address: 2835 CARISSA DR  
City-St-Zip: VERO BEACH, FL 32690

Title: VPD (X) Delete  
Name: ZEUCH, WARREN  
Address: 1300 36TH ST  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ZEUCH, WARREN  
Address: P. O. BOX 2524  
City-St-Zip: VERO BEACH, FL 32960

Title: TD (X) Change ( ) Addition  
Name: GUY, THOMAS  
Address: 1300 36TH ST. BLDG. E  
City-St-Zip: VERO BEACH, FL 32690

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 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: PATRICIA M. JOHNSTON

CEO

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date