

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90029 018 ****61.25

DOCUMENT # 712776

1. Entity Name

BLOOD CENTER OF THE ST. JOHNS, INC.



Principal Place of Business

110 HEALTH PARK BLVD
ST AUGUSTINE FL 32086

Mailing Address

110 HEALTH PARK BLVD
ST AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-0752920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, JOHN D., JR.
780 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PANTALEON, YANET	
STREET ADDRESS	400 HEALTH PARK BLVD.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUKE, BORCHARDT	
STREET ADDRESS	7 GRANDVIEW RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN D. JR.	
STREET ADDRESS	780 N PONCE DE LEON BLVD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, RAYMA	
STREET ADDRESS	468 ARRICOLA AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, NETTIE RUTH	
STREET ADDRESS	141 OVIEDO ST.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	ED	<input checked="" type="checkbox"/> Delete
NAME	MALLOY, DALE	
STREET ADDRESS	8128 SUFFIELD COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chair / Director
STREET ADDRESS	Jim Browning
CITY-ST-ZIP	110 Health Park Blvd St Augustine, FL 32086
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO
STREET ADDRESS	Janet Morris
CITY-ST-ZIP	110 Health Park Blvd St Augustine, FL 32086

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose Rebers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-04

Date

904-824-1891

Daytime Phone #