


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 08:00 AM
Secretary of State

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0752920	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAILEY, JOHN D JR 780 N PONCE DE LEON BLVD ST AUGUSTINE FL 32084				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PANTALEON, YANET 400 HEALTH PARK BLVD. SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUKE, BORCHARDT 7 GRANDVIEW RD ST AUGUSTINE FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	UD00000263123 03/14/05-80077-018 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BAILEY, JOHN D JR 780 N PONCE DE LEON BLVD ST. AUGUSTINE FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, RAYMA 468 ARRICOLA AVE. ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BROWNING, JIM 110 HEATH PARK BLVD SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO NORRIS, JANE 110 HEALTH PARK BLVD SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>JANE NORRIS</u> JANE NORRIS 03-10-05 904-824-1891					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					