

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90102 002 ****70.00

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 712776

1. Entity Name
BLOOD CENTER OF THE ST. JOHNS, INC.



60009699

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**MALLOY, DALE R
536 W. 10TH STREET
JACKSONVILLE, FL 32206**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BAILEY, JOHN D JR
780 N PONCE DE LEON BLVD
ST. AUGUSTINE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MALLOY, DALE
536 W 10TH ST
JACKSONVILLE, FL 32206** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MINOR, JOHN G.
501 GLOUCESTER ST
BRUNSWICK, GA 31520** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVC
TUCKER, III, N. MD
2149 ST JOHNS AVE
JACKSONVILLE, FL 32204** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
BURNS JR., WILLIAM S.
ONE INDEPENDENT DR, SUITE 1900
JACKSONVILLE, FL 32202** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DC
VAN NORTWICK, WM A JR
1ST DISTRICT OF FLORIDA, 301 MLK JR BLVD
TALLAHASSEE, FL 323991850** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MAGUIRE, MICHAEL I
1650 PRUDENTIAL DR., STE 101
JACKSONVILLE, FL 32207** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dale R. Malloy, President

D Malloy

January 26, 2007

904-353-8263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 26, 2007
 2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT
 Blood Center of the St. Johns
 DOCUMENT # 712776
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ATTACHMENT
 60009699

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MILLER, JEREMY P. 806 RIVERSIDE AVE JACKSONVILLE, FL 32203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PERRY, M.D., SHERYL 5548 FAIR LANE DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THREADCRAFT, Ph.D, MILTON H. 3158 SECRET WOODS TRAIL W JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT MORALES, JORGE F. 1650 PRUDENTIAL DR, SUITE 300 JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DURYEA, EDWARD 3003 RIVERSIDE LN BEAUFORT, SC 29902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SIM, EDWARD 800 PRUDENTIAL DR JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BUCKLEY, M.D., JULIE A. 5270 PALM VALLEY RD PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GOLDMAN, ERIC S. 3625 UNIVERSITY BLVD. S JACKSONVILLE, FL 322164240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHUMER, FRANK D. 4490 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |