



FILED  
Jan 23, 2008 8:00 am  
Secretary of State

01-23-2008 90006 003 \*\*\*\*70.00

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # 712776</b>   |  |   |   |
| 1. Entity Name<br><b>THE BLOOD ALLIANCE, INC.</b>  |  |  |   |
| Principal Place of Business<br><b>536 W TENTH ST<br/>JACKSONVILLE, FL 32206</b>  |  | Mailing Address<br><b>536 W TENTH ST<br/>JACKSONVILLE, FL 32206</b>  |   |
| 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   |
| 4. FEI Number<br><b>59-0752920</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | 01152008 Chg-NP CR2E037 (12/06)  |   |
| 6. Name and Address of Current Registered Agent<br><b>MALLOY, DALE R<br/>536 W. 10TH STREET<br/>JACKSONVILLE, FL 32206</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |
| Filing Fee is <b>\$81.25</b><br>Due by <b>May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BAILEY, JOHN D JR<br>780 N PONCE DE LEON BLVD<br>ST. AUGUSTINE, FL <input checked="" type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>WOLCOTT, JACK<br>536 W 10TH ST<br>JACKSONVILLE, FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>MALLOY, DALE<br>536 WEST 10TH ST<br>JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>COLLINS, VALERIE<br>536 W 01TH ST<br>JACKSONVILLE, FL 32206 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MINOR, JOHN G<br>501 GLOUCESTER ST<br>BRUNSWICK, GA 31520 <input checked="" type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVC<br>TUCKER, MD D III<br>2149 ST. JOHNS AVE<br>JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>BURNS, WILLIAM S JR<br>1 INDEPENDENT DR SUITE 1900<br>JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DC<br>VAN NORTWICK, WM A JR<br>1ST DISTRICT OF FLORIDA MLK JR BLVD<br>TALLAHASSEE, FL 32399 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <b>Dale R. Malloy, President &amp; CEO</b>   |  | 1/18/08 1-904-353-8263   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Daytime Phone #  |   |