

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712776

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: THE BLOOD ALLIANCE, INC.

## Current Principal Place of Business:

536 W TENTH ST  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

7595 CENTURIAN PARKWAY  
JACKSONVILLE, FL 32256

## Current Mailing Address:

536 W TENTH ST  
JACKSONVILLE, FL 32206

## New Mailing Address:

7595 CENTURIAN PARKWAY  
JACKSONVILLE, FL 32256

FEI Number: 59-0752920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MALLOY, DALE R  
7595 CENTURIAN PARKWAY  
JACKSONVILLE, FL 32256 US

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: DALE MALLOY

01/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: WOLCOTT, JACK  
Address: 536 W 10TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: P ( ) Delete  
Name: MALLOY, DALE  
Address: 536 WEST 10TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: S ( ) Delete  
Name: COLLINS, VALERIE  
Address: 536 W 10TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: WOLCOTT, JACK  
Address: 7595 CENTURIAN PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: P (X) Change ( ) Addition  
Name: MALLOY, DALE  
Address: 7595 CENTURIAN PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Change ( ) Addition  
Name: COLLINS, VALERIE  
Address: 7595 CENTURIAN PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify 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: DALE MALLOY

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date