

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90093 043 \*\*\*\*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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	<b>D</b> <b>PANTALEON, YANET</b> <b>400 HEALTH PARK BLVD.</b> <b>SAINT AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DUKE, BORCHARDT</b> <b>7 GRANDVIEW RD</b> <b>ST AUGUSTINE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BAILEY, JOHN D. JR.</b> <b>780 N PONCE DE LEON BLVD</b> <b>ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>THOMAS, RAYMA</b> <b>468 AARICOLA AVE</b> <b>ST. AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BROWN, NETTIE RUTH</b> <b>141 OVIEDO ST.</b> <b>SAINT AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>PELOQUIN, PETER M.</b> <b>% 110 HEALTH PARK BLVD</b> <b>ST AUGUSTINE FL</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>THOMAS, RAYMA</b> <b>468 Arricola Ave.</b> <b>St. Augustine, FL 32080</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>Brown, Nettie Ruth</b> <b>141 Oviedo St.</b> <b>Saint Augustine, FL 32084</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>Malloy, Dale</b> <b>8128 Suffield Court</b> <b>Jacksonville, FL 32256</b>	<input type="checkbox"/> Change <input checked="" 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)(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: *Nettie Ruth Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Nettie Ruth Brown**

1/9/2003 904-824-1891

CR2E037 (10/02)

#11

Title Name Street Address City-St-Zip	D Colee, Almarie 74 Dolphin Drive St. Augustine, FL 32085	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
			80000905
Title Name Street Address City-St-Zip	D Herman, Jack 2 Grandview Road St. Augustine, FL 32084	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Browning, Jim 2109 Sawgrass Village Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Patrick, Don 1 Riberia St. St. Augustine, FL 32084	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Thompson, Shirley 206 Pelican Reef Drive St. Augustine, FL 32084	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Murphy, Sarah D. 6605 Chester Ave., #507 Jacksonville, FL 32217	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Norris, M.D., Hardgrove S. 43 Menendez St. St. Augustine, FL 32084	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Conzemius, James 400 Health Park Blvd. St. Augustine, FL 32086	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Hayes, O. C. 118 Gentian Road St. Augustine, FL 32086	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition