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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 712967 (9)

1. Corporation Name

MANATEE COMMUNITY BLOOD CENTER, INC.

Principal Place of Business

216 MANATEE AVENUE EAST  
BRADENTON FL 34208

Mailing Address

216 MANATEE AVENUE EAST  
BRADENTON FL 34208-1932

3. Date Incorporated or Qualified  
06/21/1967

3a. Date of Last Report  
01/31/1996

4. FEI Number  
59-0774195

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSS, RICHARD G  
1111 8 AVE W  
BRADENTON FL 34205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Richard G. Gross* RICHARD G. GROSS

1-22-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GROSS, DICK  
STREET ADDRESS 1111 8TH AVENUE WEST  
CITY-ST-ZIP BRADENTON FL 34205

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME *Richard G. Gross*  
1.3 STREET ADDRESS *Dick Gross*  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WYKE, DICK  
STREET ADDRESS 219 32ND STREET WEST  
CITY-ST-ZIP BRADENTON FL 34205

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME ENTWISTLE, JAN  
STREET ADDRESS 1401 MANATEE AVENUE WEST  
CITY-ST-ZIP BRADENTON FL 34205

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME CREIGHTON, BEDDOW  
STREET ADDRESS 612 7TH STREET WEST  
CITY-ST-ZIP PALMETTO FL 34221

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME ELTON, SANFORD M  
STREET ADDRESS 530 5 ST E  
CITY-ST-ZIP BRADENTON FL 34208

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME ZOLLER, DAN  
STREET ADDRESS 201 5TH AVENUE DRIVE EAST  
CITY-ST-ZIP BRADENTON FL 34208

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sanford E. Elton* SANFORD ELTON M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

Date

Daytime Phone # 0061795

CR2E037 (9/96)