


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



3. Date Incorporated or Qualified

**06/21/1967**

4. FEI Number

**59-0774195**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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

**DIANA DAVIS**

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

**216 MANATEE AVE. EAST**

83

84 City

**BRADENTON**

FL

85 Zip Code

**34208**

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

*Diana Davis*

**DIANA DAVIS EXEC. DIR.**

**1-30-98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GROSS, DICK</b>	
STREET ADDRESS	<b>1111 8TH AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GENTILE, JIM</b>	
1.3 STREET ADDRESS	<b>1001 3RD. AVE. W., SUITE 700</b>	
1.4 CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WYKE, DICK</b>	
STREET ADDRESS	<b>219 32ND STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ENTWISTLE, JAN</b>	
STREET ADDRESS	<b>1401 MANATEE AVENUE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LISCH, ELOISE</b>	
3.3 STREET ADDRESS	<b>215 25TH ST. WEST</b>	
3.4 CITY-ST-ZIP	<b>BRADENTON, FL. 34205</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CREIGHTON, BEDDOW</b>	
STREET ADDRESS	<b>612 7TH STREET WEST</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	

4.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ELTON, SANFORD M</b>	
STREET ADDRESS	<b>530 5 ST E</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ZOLLER, DAN</b>	
STREET ADDRESS	<b>201 5TH AVENUE DRIVE EAST</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

*Edward L. Wyke*

**30-140-98**

Signature and typed or printed name of officer or director

Date

Daytime Phone

CF2E037 (10/97)