FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 716951 (9)

1. Corporation Name

CITRUS REGIONAL BLOOD CENTER, INC.

Principal Place of Business	Mailing Address
1315 NORTH FLORIDA AVENUE LAKELAND FL 33805	1315 NORTH FLORIDA AVENUE LAKELAND FL 33805

3. Date Incorporated or Qualified: 08/05/1969

3a. Date of Last Report: 02/03/1995

2. Principal Place of Business	2a. Mailing Address
21 3200 Lakeland Hills Blvd	26 3200 Lakeland Hills Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland, FL	City & State 28 Lakeland, FL
Zip / Country 24 33805 / 25 Polk	Zip / Country 29 33805 / 30 Polk

4. FEI Number: 59-0720864 ☐ 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

9. Name and Address of Current Registered Agent

BARR, ALICE
~~1315 N FLORIDA AVE~~ 3200 Lakeland Hills Blvd.
LAKELAND FL 33805

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WILLARD, TOM		1.2 NAME		
STREET ADDRESS	2515 GABRIEL ROAD		1.3 STREET ADDRESS	800 S. Mississippi Avenue	
CITY-ST-ZIP	FT. MEADE FL		1.4 CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CATING, LINDA		2.2 NAME	Ronald A. Herring	
STREET ADDRESS	1010 RUSTIC LANE		2.3 STREET ADDRESS	2654 Handley Blvd.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SANDERS, FAYE		3.2 NAME	Joyce McLeod	
STREET ADDRESS	4205 OLD HWY 37		3.3 STREET ADDRESS	3341 W. Main	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Wauchula FL 33873	
TITLE	SD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	FUNK, MARLIN		4.2 NAME	Marlin Funk	
STREET ADDRESS	P.O. BOX 1035		4.3 STREET ADDRESS	2016 Castle Court	
CITY-ST-ZIP	MULBERRY FL		4.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	TD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	CLINE, JUDY		5.2 NAME	Judy Cline	
STREET ADDRESS	1126 LAKE MIRIAM DRIVE		5.3 STREET ADDRESS	2016 Castle Court	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	ED	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	BARR, ALICE		6.2 NAME		
STREET ADDRESS	1315 N FLORIDA AVE		6.3 STREET ADDRESS	3200 Lakeland Hills Blvd.	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	Lakeland, FL 33805	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Alice R Barr Executive Director 3/12/96 (941) 687-8925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #