

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

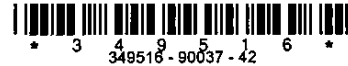
FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90037 042 ****70.00

DOCUMENT # 716951

1. Corporation Name

CITRUS REGIONAL BLOOD CENTER, INC.



Principal Place of Business

3200 LAKELAND HILLS BLVD
LAKELAND FL 33805
US

Mailing Address

3200 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US



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

3. Date Incorporated or Qualified

08/05/1969

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

9. Name and Address of Current Registered Agent

BARR, ALICE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRING, RONALD A.
STREET ADDRESS 2654 HANDLEY ROAD
CITY-ST-ZIP LAKELAND FL

TITLE VD
NAME MCLEOD, JOYCE
STREET ADDRESS 3341 WEST MAIN
CITY-ST-ZIP WAUCHULA FL

TITLE VD
NAME CLINE, JUDY
STREET ADDRESS 2016 CASTLE COURT
CITY-ST-ZIP LAKELAND FL

TITLE TD
NAME FUNK, MARLIN
STREET ADDRESS 2016 CASTLE COURT
CITY-ST-ZIP LAKELAND FL

TITLE SD
NAME SANDERS, FAYE
STREET ADDRESS 4205 OLD HWY 37 APT 40
CITY-ST-ZIP LAKELAND FL

TITLE ED
NAME BARR, ALICE
STREET ADDRESS 3200 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Joyce Mc Leod
1.3 STREET ADDRESS 3341 West Main
1.4 CITY-ST-ZIP Wauchula, FL

2.1 TITLE VD
2.2 NAME Judy Cline
2.3 STREET ADDRESS 2016 Castle Court
2.4 CITY-ST-ZIP Lakeland, FL

3.1 TITLE VD
3.2 NAME Faye Sanders
3.3 STREET ADDRESS 4207 Old Hwy 37 Apt. 40
3.4 CITY-ST-ZIP Lakeland, FL

4.1 TITLE TD
4.2 NAME Earl Sturwold
4.3 STREET ADDRESS PO Box 741
4.4 CITY-ST-ZIP Dade City, FL

5.1 TITLE SD
5.2 NAME Thomas Willard
5.3 STREET ADDRESS 1717 John Arthur Way
5.4 CITY-ST-ZIP Lakeland, FL

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

(941) 687-8925

Date

Daytime Phone #

CR2E037 (1/1/98)