

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729143 (8)

1. Corporation Name

COMMUNITY BLOOD CENTERS OF SOUTH FLORIDA, INC.

Principal Place of Business

1700 N. STATE ROAD 7
LAUDERHILL FL 33313

Mailing Address

1700 N. STATE ROAD 7
LAUDERHILL FL 33313



3. Date Incorporated or Qualified

03/15/1974

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7376740

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

10. Name and Address of New Registered Agent

ROUAULT, CHARLES L.
1700 N. STATE ROAD 7
LAUDERHILL FL 33313

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	T	<input type="checkbox"/> DELETE
NAME	WILEY, E BIRCH	
STREET ADDRESS	818 SE 4TH ST.	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, CLARK	
STREET ADDRESS	5320 NE 31 AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VOORHEIS, V.J.	
STREET ADDRESS	108 SE 8TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLT, STEPHANIE M	
STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, PETER	
STREET ADDRESS	444 VICTORIA TERRACE	
CITY-ST-ZIP	FT LAUD FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROUAULT, CHARLES L	
STREET ADDRESS	1060 W TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	540 NE 4TH STREET
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

Date

954 735 9600

Daytime Phone #

CR2E037 (12/95)