

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PH 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729802 (9)

1. Corporation Name

CIVITAN REGIONAL BLOOD CENTER, INC.

Principal Place of Business

**1221 N.W. 13TH STREET
GAINESVILLE FL 32601-4111**

Mailing Address

**1221 N.W. 13TH STREET
GAINESVILLE FL 32601-4111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/30/1974

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1545914

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ **\$68.75 Supplemental
Fee Not Required**

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

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASWELL, JOHN
211 NE FIRST ST
GAINESVILLE FL 32601**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BAKER, PHILIP H.
STREET ADDRESS	7020 LAKE SHORE DR.
CITY- ST- ZIP	GAINESVILLE FL
TITLE	VCD
NAME	BYRD, REEVES H., JR.
STREET ADDRESS	3632 N.W. 52ND AVE.
CITY- ST- ZIP	GAINESVILLE FL
TITLE	TD
NAME	SHAHER, WILLARD G.
STREET ADDRESS	1428 N.W. 47TH TERR.
CITY- ST- ZIP	GAINESVILLE FL
TITLE	SD
NAME	BEVIS, HERBERT A.
STREET ADDRESS	3414 N.W. 7TH PLACE
CITY- ST- ZIP	GAINESVILLE FL
TITLE	CEO
NAME	NANCY ECKERT
STREET ADDRESS	4809 SW 3RD PL
CITY- ST- ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/95 (904) 334-1000