NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 730303

Corporation Name

SOUTHEASTERN COMMUNITY BLOOD CENTER, INC.

Country

Principal Place of Business 1731 RIGGINS ROAD TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

1731 RIGGINS ROAD TALLAHASSEE FL 32308

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90038 045 ****61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

07/26/1974

59-0708803

4. FEI Number

TITLE D. DELETE 5.1 TITLE 5.2 NAME NAME WOOD, THOMAS P. 5.2 NAME STREET ADDRESS 3.114 MIDDLEBROOKS CIRCLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TALLAHASSEE FL 5.4 CITY-ST-ZIP TITLE 6.2 NAME STREET ADDRESS 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	24	[29]	30			Trust I and Contabation	Added	7.000	
DARIOTIS; JEANNE 1731 RIGGINS ROAD TALLAHASSEE FL 32308 82						10. Name and Address of New Registered	Agent	٠	
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TALLAHASSEE FL 32308 Sa	TARROTTO, JEANNE (COMPANIE)				Stree	t Address (M.O. Box Number is Not Acceptable)			
Section Sect									
The provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment agent agent, ag	TALLAHAS	SSEE FL 32308		••					
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SIGNATURE Topic or private name of registered agent and \$10 et applicable. (NOTE: Registered Agent agriculture required when reinstating) DATE	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								
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STD CARROLL, RICK STREETADORESS TALLAHASSEE FL TITLE CD DELETE TALLAHASSEE FL TITLE DARIOUS DELETE STREETADORESS TALLAHASSEE FL TITLE CX DARIOUS DELETE STREETADORESS TALLAHASSEE FL TITLE DARIOUS DELETE STREETADORESS TALLAHASSEE FL TITLE TITLE DARIOUS DELETE TITLE DD DELETE TITLE DD DELETE TITLE DD DELETE TITLE DD DELETE STREETADORESS TALLAHASSEE FL TALLAHASSEE FL TITLE DD DELETE STREETADORESS TALLAHASSEE FL TALLAHASSEE FL TALLAHASSEE FL TALLAHASSEE FL TALLAHASSEE FL TITLE DD DELETE STREETADORESS TALLAHASSEE FL	agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
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indicated on this angual 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	14. I hereby o	certify that the information supplied with this filing does not qu	alify for the exe	mptic	on state	ed in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the in	formation	

Country

replaced on this annual report of supplemental annual report is due and accurate and that my signature shall have the same regal effect as it 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 attackment with an address, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable