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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733493 (1)
1. Corporation Name
THE FLORIDA ASSOCIATION OF BLOOD BANKS, INC.



Principal Place of Business 3602 SPECTRUM BLVD. TAMPA FL 33612	Mailing Address 3602 SPECTRUM BLVD. TAMPA FL 33612
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 08/05/1975
4. FEI Number 59-6140079
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HUEY, GUILDAY & TUCKER, P.A. 106 E. COLLEGE AVENUE SUITE 900 TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	RUCKMAN, DAN
STREET ADDRESS	2201 N. 9TH AVENUE
CITY-ST-ZIP	PENSACOLA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BROWN, DAWN
STREET ADDRESS	1700 NORTH S.R. 7
CITY-ST-ZIP	LAUDERHILL FL
TITLE	P <input type="checkbox"/> DELETE
NAME	NORCIA, JUDY
STREET ADDRESS	445 31ST STREET N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JANE
STREET ADDRESS	536 W. 10TH STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	COLLINS, VALERIE
STREET ADDRESS	536 W. 10TH STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BENSON, KAARON
STREET ADDRESS	12902 MAGNOLIA DRIVE
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BILL BARR
1.3 STREET ADDRESS	1221 NW 13TH STREET
1.4 CITY-ST-ZIP	GAINESVILLE, FL
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BROWN, DAWN
2.3 STREET ADDRESS	1700 NORTH S.R. 7
2.4 CITY-ST-ZIP	LAUDERHILL, FL
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NORCIA, JUDY
3.3 STREET ADDRESS	445 31ST STREET N.
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Karen TODD
4.3 STREET ADDRESS	621 S. TAMAMI TRAIL
4.4 CITY-ST-ZIP	VENICE, FL
5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Collins, Valerie
5.3 STREET ADDRESS	536 W. 10TH STREET
5.4 CITY-ST-ZIP	JACKSONVILLE, FL
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Anne Chinoda
6.3 STREET ADDRESS	32 W BORE
6.4 CITY-ST-ZIP	ORLANDO, FL 32806

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.

SIGNATURE _____

CR2E037 (10/97)



ADDITIONS - DIRECTORS

- ① Jeff Deuschle - ADDITION
1221 NW 13TH ST.
GAINESVILLE, FL
- ② Janet McCullum - ADDITION
P.O. BOX 078618
933 45TH ST.
WEST PALM BEACH, FL
- ③ Stephanie Mutz - ADDITION
1731 RIGGINS RD
TALLAHASSEE, FL
- ④ SHEILA PHILLIPS
681 4TH AVE. N.
NAPLES, FL
- ⑤ BETTY SAPINSKY
801 6TH STREET SOUTH
ST. PETERSBURG, FL
- ⑥ NANCY UNRUE
445 131ST STREET N.
ST. PETERSBURG, FL
- ⑦ VALERIE VALE
216 MANATEE AVE
BRADENTON, FL