NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 733493**

1. Corporation Name

THE FLORIDA ASSOCIATION OF BLOOD BANKS, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Busin
3602 SPECTRUM BLVD.
TAMPA FL 33612

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

3602 SPECTRUM BLVD. **TAMPA FL 33612** 

2a. Mailing Address

- City & State

Suite, Apt. #, etc.

26

27

28 Zip

29

## **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90037 009 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

08/05/1975

59-6140079

4. FEI Number

HUEY, GUILDAY & TUCKER, P.A.			Name	Street Address (P.O. Box Number is Not Acceptable)			
			Street				
106 E. COLLEGE AVENUE							
SUITE 900							
TALLAHASSEE FL 32301			City	FL	85 Zip C	ode	
					<del></del>	paictored	
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							
		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12	
TITLE	V DELETE	1,1 TITLE		P	Change	Addition	
NAME	GAIR, BILL	1,2 NAME		GAIR, BILL			
STREET ADDRESS	1221 NW 13TH ST	1.3 STREET ADDRESS		1221 NW 13th st		[	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP		GAINESVILLE. FL			
TITLE	P DELETE	2.1 TITLE		V	Change	Addition	
NAME	BROWN, DAWN	2.2 NAME		VALERIE COLLINS	Λ		
STREET ADDRESS	1700 NORTH S.R. 7	2.3 STREET ADDRESS		536 West 10th Street		}	
CITY-ST-ZIP	LAUDERHILL FL X	2. 4 CITY-S	T-ZIP	Jacksonville fl			
TITLE	D DELETE	3.1 TITLE			Change	☐ Addition	
NAME	NORCIA, JUDY	3.2 NAME		S NAME CHINODA		Ì	
STREET ADDRESS	ALT ALOT OFFICE AL	3.3 STREET	ADDRESS	ANNE CHINODA		ĺ	
CITY-ST-ZIP	ST. PETERBURG FL	3.4. CITY-S	T-ZIP	3200 W. Gore Street			
TITLE	T DELETE	4.1 TITLE		Orlando, Fl	Change	Addition	
NAME	TODD, KAREN	4.2 NAME		T		{	
STREET ADDRESS		4.3 STREET	ADDRESS	aren Todd			
CITY-ST-ZIP	VENICE FL	4.4 CITY-S		621 S. Tamiami Trail	Venice,	, F1	
TITLE	S DELETE	5.1 TITLE			Change	A Addition	
NAME ,	COLLINS, VALERIE	5.2 NAME		Terry Gaston		j	
STREET ADDRESS	536 W. 10TH STREET	5.3 STREET ADDRESS		2201 N. 9th Avenue		}	
Cffy-St-ZIP	JACKSONVILLE FL	5,4 CITY-ST-ZIP		Pensacola, Fl			
TITLE	D X DELETE	6.1 TITLE			Change	X Addition	
NAME	CHINODA, ANNE	6.2 NAME		Janet McCullum			
STREET ADDRESS		6.3 STREET	ADDRESS(	049 SE Pilots Cove Teri	r	1	
CITY-ST-ZIP	ORLANDO FL 32806	6.4 CITY-S		Hobe Sound, Fl			
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.							

Country

30

941-483.7398

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## 1998-99 FABB Board of Directors

Bill Gair Chief Operating Officer LifeSouth Community Blood Centers 1221 N.W. 13<sup>th</sup> Street Gainesville, FL 32601 (352) 334-1039

Valerie Collins MT (ASCP) SBB, JD Director of QA Florida Georgia Blood Alliance 536 West 10<sup>th</sup> Street Jacksonville, FL 32206 (904) 296-5279

Anne Chinoda
Vice President & COO
Central Florida Blood Bank
3200 W. Gore Street
Orlando, FL 32806
(407) 849-6100

Karen Todd, MT Director Gulf Area Regional Blood Center 621 S. Tamiami Trail Venice, FL 34285 (941) 483-7398

Dawn Brown
Community Blood Centers
of South Florida
1700 N. State Road 7
Lauderhill, FL. 33313
(954) 777-2620

Terry Gaston
Director, Ancillary Services
Northwest Florida Blood Center, Inc.
2201 N. 9<sup>th</sup> Avenue
Pensacola, FL 32503
(904) 434-2535

Janet McCullum
Senior VP Operations/CFO
Palm Beach Blood Bank
8049-SE Pilots Cove Terrace
Hobe Sound, FL 33407
(407) 545-0717

Stephanie Mutz, MT (ASCP)
Director, Donor/Patient Services
Southeastern Community Blood Center
1731 Riggins Road
Tallahassee, FL 32308
(904) 877-7181

Sheila Phillips, MT 1170 Diana Avenue Naples, FL 33940-4565

Susan Plesser Florida Blood Services 402 Jeffords Street Clearwater, FL 34616-3828 (813) 322-4272

Betty Ann Sapinsky Supervisor All Children's Hospital 801 6<sup>th</sup> Street South St. Petersburg, FL 33701 (813) 892-4266

Nancy Unrue Education Coordinator Florida Blood Services 402 Jeffords Street Clearwater, FL 34616 (813) 322-4263

Valerie Vale
Supervisor Marketing
Manatee Community Blood Center
216 Manatee Avenue E
Bradenton, FL 34208-1932
(941) 746-X195