## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 733493**

Jan 21, 2007 Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF BLOOD BANKS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

10100 MARTIN LUTHER KING JR. STREET N SAINT PETERSBURG, FL 33716

**Current Mailing Address: New Mailing Address:** 

PO BOX 22500

ST. PETERSBURG, FL 33742

FEI Number: 59-6140079 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUEY, GUILDAY & TUCKER, P.A. 1983 ĆENTRE POINTE BLVÓ. SUITE 200 TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**PRES** (X) Change ( ) Addition () Delete QUINTANILLA, CAROLYN BELLIDO-PRICHARD, ALICIA Name: Name: 1221 NW 13TH STREET Address: 3200 LAKELAND HILLS BLVD Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: LAKELAND, FL 33805

Title: ( ) Delete Title: () Change () Addition

SMITH, JUDY Name: Name: Address: 10100 MARTIN LUTHER KING JR STREET NORTH Address: City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete

ZATIK, RUTH Name: QUINTANILLA, CAROLYN Name: 10100 MARTIN LUTHER KING JR STREET NORTH Address: Address: 1221 NW 13TH STREET City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip: GAINSVILLE, FL 32601

Title: () Delete Title: () Change () Addition

Name: GREGWAY, SHIRLEY Name: 1350 S HICKORY STREET Address: Address: MELBOURNE, FL 32901 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

JB, GASKINS RICHARD, GAMMON Name: Name: 10100 MARTIN LUTHER KING JR STREET NORTH 3451 NORTHLAKE BLVD Address: Address: City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip: LAKE PARK, FL 33403

Title: () Delete Title: (X) Change ( ) Addition

PESTILLO, MOCL PESTILLO, MOCL Name: Name: Address: 8669 COMMODITY CIRCLE Address: 8669 COMMODITY CIRCLE ORLANDO, FL 32819 ORLANDO, FL 32819 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA BELLIDO PRICHARD Ρ 01/21/2007