

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733493

FILED
Jan 15, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 22500
ST. PETERSBURG, FL 33742

New Mailing Address:

FEI Number: 59-6140079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: BELLIDO-PRICHARD, ALICIA
Address: 3200 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

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

Title: PP () Delete
Name: QUINTANILLA, CAROLYN
Address: 1221 NW 13TH STREET
City-St-Zip: GAINSVILLE, FL 32601

Title: D () Delete
Name: GREGWAY, SHIRLEY
Address: 1350 S HICKORY STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: RICHARD, GAMMON
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

Title: IP () Delete
Name: PESTILLO, MOCL
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, JUDY
Address: 10100 DR. MARTIN LUTHER KING JR. ST. N.
City-St-Zip: ST, PETERSBURG, FL 33716

Title: T (X) Change () Addition
Name: MAGENHEIM, MARK MD
Address: 1760 MOUND ST.
City-St-Zip: SARASOTA, FL 34236

Title: PP (X) Change () Addition
Name: BELLIDO-PRICHARD, ALICIA
Address: 3200 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: D (X) Change () Addition
Name: GAMMON, RICHARD MD
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: S (X) Change () Addition
Name: ROBERTS, BETTY
Address: 1999 EAST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Change () Addition
Name: KURELLA, TOM
Address: 10100 DR. MARTIN LUTHER KING JR. ST. N.
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify 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: JUDY SMITH

P

01/15/2008

Electronic Signature of Signing Officer or Director

Date