FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:30

DOCUMENT # **740269** **(6)**

1. Corporation Name

PALM BEACH LEISUREVILLE BLOOD BANK, INC.

Principal Place of Business	Mailing Address
1007 OCEAN DRIVE BOYNTON BCH FL 33426	1007 OCEAN DRIVE BOYNTON BCH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1977
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-1792268 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALM BEACH LEISUREVILLE COMMUNITY ASSN,INC
1007 WEST OCEAN DRIVE
BOYNTON BEACH FL 33426

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	KING, DOYAL	12 NAME		
STREET ADDRESS	1811 S.W. 5TH AVE	13 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	WENTIS, RAYMOND	22 NAME		
STREET ADDRESS	300 SW GOLFVIEW TERRACE	23 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	D	☒ Change ☐ Addition
NAME	WHITTEN, JANE T	32 NAME	SCOTT KATIE	
STREET ADDRESS	704 SW 18TH STREET	33 STREET ADDRESS	2014 SW 5th AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP	Boynton Beach, Fl.	
TITLE	ATD	41 TITLE	ATD	☒ Change ☐ Addition
NAME	GALATI, SNTHONY V	42 NAME	Whitten, Jane T.	
STREET ADDRESS	114 SW 15TH COURT	43 STREET ADDRESS	704 SW 18th St.	
CITY-ST-ZIP	BOYNTON BEACH FL	44 CITY-ST-ZIP	Boynton Beach, Fl.	
TITLE	D	51 TITLE	SD	☒ Change ☐ Addition
NAME	BENNETT, LOWELL	52 NAME	Ethel Hrubes	
STREET ADDRESS	400 GOLFVIEW TRAIL	53 STREET ADDRESS	518 SW 18th St.	
CITY-ST-ZIP	BOYNTON BEACH FL	54 CITY-ST-ZIP	Boynton Beach, Fl.	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	ADELMAN, BENJAMIN A.	62 NAME	Anthony Galati	
STREET ADDRESS	1117 LAKE TERR	63 STREET ADDRESS	114 SW 15th Court	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	64 CITY-ST-ZIP	Boynton Beach, Fl.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Katie Scott 3-24-95 407-735-0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #