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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 741799 (1)

FLORIDA GEORGIA BLOOD ALLIANCE, INC.					
Principal Plac	e of Business	Mailing Address		E IRBIII INEIF BINNI IINEI IRBIN SEELO FRIT MINI	93035 01011 61011 01633 01011 100C
536 W 10TH S JACKSONVILLE US	STREET E FL 32206-3526	536 W 10TH STREET JACKSONVILLE FL 322 US	06-3526	Date Incorporated or Qualified 02/23/1978 FEI Number	- Applied For
				59-0766984	Not Applicable
2. Principal P	Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State	Α	City & State		Trust Fund Contribution	Added to Fees
23	e	28		7. Is this nonprofit corporation a homeown Yes	ers association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes 🙀 No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	i Agent
			81 Name		
MALLOY, DALE R			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
536 W. 10TH ST. JACKSONVILLE FL 32206			83		
JACKOC	MANUEL I E OSSOO				
			84 City	F	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Sta	tutes, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503,	Florida Statutes.	ation o board of directors. Thereby decapt and ap	powieriorit de regiotores
SIGNATURE	Signature, typed or printed name of registered at	rent and title if anniicable /1	NOTE: Registered Agent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE		Change Addition
NAME	WILLIAMS, JOSEPH H.		1.2 NAME	Dale R Malloy 536 W. Tenth St.	
STREET ADDRESS	225 WATER ST.		1.3 STREET ADDRESS	536 W. Tenthist.	
CiTY - ST - ZiP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	DC	DELETE	2.1 TITLE	2 2 15	Change Addition
NAME	MARTIN, ROBERT E		2.2 NAME		
STREET ADDRESS	1 RIVERSIDE AVENUE		2.2 IVANA	nartin. Robert E	
CITY - ST - ZIP			2.3 STREET ADDRESS	Averside hve	
TITLE	JACKSONVILLE FL	□ pri ett	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	Averside hue lacksomville, FL 32202	1 Addition
	D	DELETE	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 TITLE	Awerside hue lacksonville, FL 32202 OC	Change Addition
NAME STREET APPROPRIE	D LAMPE, WALTER M.	☐ DELETE	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP 3.1 TITLE	Awerside hue lacksonville, FL 32202 OC	La Change
STREET ADDRESS	D Lampe, Walter M. 4440 Merrimac Avenue	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Averside hve lacksonville, FL 32202 Campe, Walter M. 1440 Merrimac hve	La Change
STREET ADDRESS CITY-ST-ZIP	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0	-	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Awerside hve lack-somville, FL 32202 Campe, Walter M. 1440 Merrimac hve lack-somville, FL 32210	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	Awerside hve lacksonville, FL 32202 Campe, Walter M. 1440 Merrimac hve lacksonville, FL 32210	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT BRUNS, WILLIAM S	DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Averside hve lacksonville, FL 32202 Campe, Walter M. 1440 Merrimac hve lacksonville, FL 32210 D5 Burns, William S. Jr.	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT BRUNS, WILLIAM S ONE INDEPENDENT DRIVE,	DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	Averside hve lacksonville, FL 32202 campe, Walter M. 1440 Merrimac hve lacksonville, FL 32210 35 Burns, William S. Jr. One Independent Dr. Ste 1900	Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT BRUNS, WILLIAM S	DELETE	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Averside hve lacksonville, FL 32202 Lampe, Walter M. 1440 Merrimac hve lacksonville, FL 32210 15 Burns, William S. Jr. Due Independent Dr., Ste 1900 Lacksonville, FL 32202	Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT BRUNS, WILLIAM S ONE INDEPENDENT DRIVE, JACKSONVILLE, FL 0	DELETE STE. 1900	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Averside hve lacksonville, FL 32202 Lampe, Walter M. 1440 Merrimac hve lacksonville, FL 32210 15 Burns, William S. Jr. Due Independent Dr., Ste 1900 Lacksonville, FL 32202	Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT BRUNS, WILLIAM S ONE INDEPENDENT DRIVE, JACKSONVILLE, FL 0 DS	DELETE STE. 1900	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Averside hve lacksonville, FL 32202 Lampe, Walter M. 1440 Merrimac hve lacksonville, FL 32210 D5 Burns, William S. Jr. One Independent Dr., Ste 1900 Lacksonville, FL 32202 DV Leene, M.O., Willis R 130 North Goss Rd	Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT BRUNS, WILLIAM S ONE INDEPENDENT DRIVE, JACKSONVILLE, FL 0 DS KEENE, M.D. WILLIS R.	DELETE STE. 1900	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.7 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Averside tve lacksonville, FL 32202 Lampe, Walter M. 1440 Merrimac tve lacksonville, FL 32210 DS Burns, William S. Jr. One Independent Dr. Ste 1900 Lacksonville, FL 32202	Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT BRUNS, WILLIAM S ONE INDEPENDENT DRIVE, JACKSONVILLE, FL 0 DS KEENE, M.D. WILLIS R. 130 NORTH GROSS ROAD KINGSLAND CA	DELETE STE. 1900	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Averside hve lacksonville, FL 32202 Lampe, Walter M. 1440 Merrimac hve lacksonville, FL 32210 S Burns, William S. Jr. One Independent Dr., Ste 1900 Lacksonville, FL 32202 Veene, M.O., Willis R 130 North Gross Rd Cingsland, BA 31548	Change
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPE, WALTER M. 4440 MERRIMAC AVENUE JACKSONVILLE, FL 0 DT BRUNS, WILLIAM S ONE INDEPENDENT DRIVE, JACKSONVILLE, FL 0 DS KEENE, M.D. WILLIS R. 130 NORTH GROSS ROAD	DELETE STE. 1900	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Averside the lacksonville, FL 32202 Lampe, Walter M. 1440 Merrimac the lacksonville, FL 32210 Burns, William S. Jr. The Independent Dr., Ste 1900 Lacksonville, FL 32202 Leene, M.O., Willis R. 130 North Gross Rd	Change Addition Change Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE: Dale R Malloy UIDale R Malloy

(904) 353 - 8263

FILED

Jan 21 1998 8:00am

Secretary of State

1998 BOARD OF DIRECTORS

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