2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90053 001 ***228.75

DOCUMENT # 741799

1. Entity Name

FLORIDA GEORGIA BLOOD ALLIANCE, INC.

Principal Place of Business	Mailing Address
536 W 10TH STREET JACKSONVILLE FL 32206-3526 US	536 W 10TH STREET JACKSONVILLE FL 32206-3526 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0766984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MALLOY, DALE R
536 W. 10TH ST.
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PAIGE, KEVIN 4201 BELFORT ROAD JACKSONVILLE FL 32216	☒ Delete	DS Knauer, Mary Biggs 822 A1A North, Suite 101 Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALLOY, DALE R 536 WEST 10TH STREET JACKSONVILLE FL 32206	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC THREADCRAFT, MILTON H JR 4831 GREENLAND ROAD JACKSONVILLE FL 32258	☒ Delete	DC Smith, M.D., Dennis M. Jr. 3349 University Blvd. South Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUNS, WILLIAM S ONE INDEPENDENT DRIVE, STE. 1900 JACKSONVILLE FL 32202	☒ Delete	DV Fouts, Roy 2020 Duna Vista Court Atlantic Beach, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEENE, WILLIS R MD 130 NORTH GROSS ROAD KINGSLAND CA 31548	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COURTNEY, WILLIAM S 2687 HOLLY POINT ORAD EAST ORANGE PARK FL 32073	☒ Delete	DT Maguire, Michael I. 200 West Forsyth St., 1st Floor Jacksonville, FL 32202-4349	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dale R Malloy (D Malloy) Dale R. Malloy 2/03/04 (904) 353-8263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #