2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90053 047 ****70.00

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

02142005 Chg-NP CR2E037 (10/03)

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

Filing Fee is $61.25
Due by May 1, 2005

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 KNAUER, MARY B 822 A1A NORTH, SUITE 101 PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALLOY, DALE R 536 WEST 10TH STREET JACKSONVILLE, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC SMITH JR., DENNIS M M.D. 3349 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FOUTS, ROY 2020 DUNA VISTA COURT ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEENE, WILLIS R MD 130 NORTH GROSS ROAD KINGSLAND, CA 31548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT The Honorable Wm A. Van Nortwick, Jr. 1st District, State of Florida, 301 MLK Jr Blvd Tallahassee, FL 32399-1850	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MAGUIRE, MICHAEL I 200 WEST FORSYTH ST., 1ST FLOOR JACKSONVILLE, FL 322024349	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV	☒ 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: DMalloy **Dale R. Malloy, President** **02/15/05** **904-353-8263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #