## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#741799** 

FILED Jan 06, 2009 Secretary of State

Entity Name: FIRST COAST BLOOD ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

536 W 10TH STREET 7595 CENTURIAN PARKWAY
JACKSONVILLE, FL 322063526 US JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

536 W 10TH STREET

JACKSONVILLE, FL 322063526 US

7595 CENTURIAN PARKWAY

JACKSONVILLE, FL 32256 US

FEI Number: 59-0766984 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MALLOY, DALE R
7595 CENTURIAN PARKWAY
JACKSONVILLE, FL 32256 US

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: DALE MALLOY 01/06/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 WOLCOTT, JACK
 Name:
 WOLCOTT, JACK

 Address:
 536 W 10TH ST
 Address:
 7595 CENTURIAN PARKWAY

City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32256

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: MALLOY, DALE R PALLOY, DALE R

Address: 536 WEST 10TH STREET Address: 7595 CENTURIAN PARKWAY

Address: 536 WEST 10TH STREET Address: 7595 CENTURIAN PARKWAY

City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete Title: S (X) Change () Addition

 Name:
 COLLINS, VALERIE
 Name:
 COLLINS, VALERIE

 Address:
 536 W 10TH ST
 Address:
 7595 CENTURIAN PARKWAY

 City-St-Zip:
 JACKSONVILLE, FL 32206
 City-St-Zip:
 JACKSONVILLE, FL 32256

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: DALE MALLOY P 01/06/2009