

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Worthington
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 MAY 1 1995
 TALLAHASSEE

95 MAY -1 AM 8:13

DOCUMENT # 751255 (1)
 1. Corporation Name
HUNTER BLOOD CENTER FOUNDATION, INC.

Principal Place of Business Mailing Address
 1221 TURNER STREET, STE 103 CLEARWATER FL 34616
 1221 TURNER STREET, STE 103 CLEARWATER FL 34616

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

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 02/26/1980
 3a. Date of Last Report 05/01/1994
 4. FEI Number 59-2216675 Applied For Not Applicable
 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 5-199-032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROSENBLUM, BARBARA
 7 AMBLESIDE DR
 BELLEAIR FL 34616**

10. Name and Address of New Registered Agent
 B1 Name Andriola, Michael J.
 B2 Street Address (P.O. Box Number is Not Acceptable) 416 Lotus Path
 B3
 B4 City Clearwater FL B5 Zip Code 34616

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 MICHAEL ANDRIOLA *Michael Andriola* 4/25/95
Registered Agent (signature required when registering)

12. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | SD |
| NAME | GUTHRIE, J. MARVIN |
| STREET ADDRESS | 1006 BAY AVENUE |
| CITY, ST, ZIP | CLEARWATER FL |
| TITLE | PPD |
| NAME | ALLBRIGHT, CLAUDIA |
| STREET ADDRESS | 1021 BAY ESPLANADE |
| CITY, ST, ZIP | CLEARWATER BCH FL |
| TITLE | VPD |
| NAME | ANDRIOLA, MICHAEL J |
| STREET ADDRESS | 416 LOTUS PATH |
| CITY, ST, ZIP | CLEARWATER FL |
| TITLE | D |
| NAME | BIRCH, DOUGLAS R |
| STREET ADDRESS | 33 N GARDEN AVE #800 |
| CITY, ST, ZIP | CLEARWATER FL |
| TITLE | TD |
| NAME | HUTCHESON, WILLIAM C. |
| STREET ADDRESS | 557 PALMETTO ROAD |
| CITY, ST, ZIP | BELLEAIR FL |
| TITLE | PD |
| NAME | ROSENBLUM, BARBARA L. |
| STREET ADDRESS | 7 AMBLESIDE DRIVE |
| CITY, ST, ZIP | BELLEAIR FL |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|----------------------------------|--|
| 11 TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY, ST, ZIP | | |
| 21 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | Babka, Robin | |
| 23 STREET ADDRESS | 101 Palmetto Road | |
| 24 CITY, ST, ZIP | Belleair FL 34616 | |
| 31 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY, ST, ZIP | | |
| 41 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY, ST, ZIP | | |
| 51 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | Foote, Sally | |
| 53 STREET ADDRESS | 1150 Cleveland Street, Suite 301 | |
| 54 CITY, ST, ZIP | Clearwater FL 34615 | |
| 61 TITLE | PPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY, ST, ZIP | | |

REMITTED BY MAY 1

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor under Section 110.07(3)(b), 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: *Michael Andriola* MICHAEL ANDRIOLA 4-25-95 813 4468251
(Signature and Typed or Printed Name of Signing Officer or Director)