

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 751255 (1)**

1. Corporation Name  
**FLORIDA BLOOD FOUNDATION, INC.**



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

3. Date Incorporated or Qualified: **02/26/1980**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2216675</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ANDRIOLA, MICHAEL J 416 LOTUS PATH CLEARWATER FL 34616</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
			85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE: *M.J. Andriola* DATE: **4-2-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTHRIE, J. MARVIN</b>	1.2 NAME	
STREET ADDRESS	<del>1006 BAY AVENUE</del>	1.3 STREET ADDRESS	<b>1230 S. Myrtle Ave. Suite 101</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABKA, ROBIN</b>	2.2 NAME	
STREET ADDRESS	<b>101 PALMETTO RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDRIOLA, MICHAEL J</b>	3.2 NAME	
STREET ADDRESS	<b>416 LOTUS PATH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRCH, DOUGLAS R</b>	4.2 NAME	
STREET ADDRESS	<b>33 N GARDEN AVE #800</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FOOTE, SALLY</del>	5.2 NAME	<b>Foote, Sally</b>
STREET ADDRESS	<b>1150 CLEVELAND ST SUITE 301</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PPD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBLUM, BARBARA L.</b>	6.2 NAME	
STREET ADDRESS	<b>7 AMBLESIDE DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *M.J. Andriola* **MICHAEL ANDRIOLA** DATE: **4-2-96** DAYTIME PHONE #: **813 443 3295**  
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)