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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34616-5832

3. Date Incorporated or Qualified: 02/26/1980
3a. Date of Last Report: 04/10/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	59-2216675		Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip		<input checked="" type="checkbox"/>	
25	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
ANDRIOLA, MICHAEL J
416 LOTUS PATH
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name: Douglas R. Birch
82 Street Address (P.O. Box Number is Not Acceptable): 33 N. Garden Ave., #800
83
84 City: Clearwater FL 85 Zip Code: 34615

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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* President *[Signature]* 2/21/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GUTHRIE, J. MARVIN	
STREET ADDRESS	1230 S MYRTLE AVE SUITE 101	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BABKA, ROBIN	
STREET ADDRESS	101 PALMETTO RD	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDRIOLA, MICHAEL J	
STREET ADDRESS	416 LOTUS PATH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BIRCH, DOUGLAS R	
STREET ADDRESS	33 N GARDEN AVE #800	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOOTE, SALLY	
STREET ADDRESS	1150 CLEVELAND ST SUITE 301	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	ROSENBLUM, BARBARA L.	
STREET ADDRESS	7 AMBLESIDE DRIVE	
CITY-ST-ZIP	BELLEAIR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James C. Gibson	
1.3 STREET ADDRESS	1150 8th Ave., SW	
1.4 CITY-ST-ZIP	Largo, FL 34640	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ernst Upmeyer, III	
5.3 STREET ADDRESS	1333 Indian Rocks Road	
5.4 CITY-ST-ZIP	Belleair, FL 34616	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 on an attachment with an address.

SIGNATURE: *[Signature]* President *[Signature]* 2/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066883

CR2E037 (9/96)