


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751255
 1. Corporation Name
FLORIDA BLOOD SERVICES FOUNDATION, INC.

Principal Place of Business 1221 TURNER STREET, STE 103 CLEARWATER FL 34616	Mailing Address 1221 TURNER STREET, STE 103 CLEARWATER FL 34616
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33756 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33756 Country 30	3. Date Incorporated or Qualified 02/26/1980	4. FEI Number 59-2216675	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent BIRCH, DOUGLAS R. 33 N. GARDEN AVE., #800 CLEARWATER FL 34615	10. Name and Address of New Registered Agent 81 Name BABKA, ROBIN 82 Street Address (P.O. Box Number is Not Acceptable) 101 PALMETTO RD 83 84 City BELLEAIR FL 85 Zip Code 33756
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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 Robin Babka DATE 1-5-99
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 12	
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME FOOTE, SALLY H	1.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1150 CLEVELAND ST STE 301	CITY-ST-ZIP CLEARWATER FL 33755	1.2 NAME CUMMINGS, JR., WILLIAM G.	
TITLE VPD <input type="checkbox"/> DELETE	NAME BABKA, ROBIN	1.3 STREET ADDRESS 1829 NOTTINGHAM LANE	
STREET ADDRESS 101 PALMETTO RD	CITY-ST-ZIP BELLEAIR FL	1.4 CITY-ST-ZIP CLEARWATER FL 33764	
TITLE D <input type="checkbox"/> DELETE	NAME DAMSKER, BENJAMIN A II	2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 460 ALTHEA RD	CITY-ST-ZIP BELLEAIR FL 33756	2.2 NAME	
TITLE PD <input type="checkbox"/> DELETE	NAME BIRCH, DOUGLAS R	2.3 STREET ADDRESS BELLEAIR FL 33756	
STREET ADDRESS 33 N GARDEN AVE #800	CITY-ST-ZIP CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE	NAME UPNEYER, ERNST I	3.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1333 INDIAN ROCKS RD.	CITY-ST-ZIP BELLEAIR FL	3.2 NAME DAMSKER II, BENJAMIN H.	
TITLE D <input type="checkbox"/> DELETE	NAME ROSENBLUM, BARBARA L.	3.3 STREET ADDRESS	
STREET ADDRESS 7 AMBLESIDE DRIVE	CITY-ST-ZIP BELLEAIR FL	3.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BIRCH, DOUGLAS R	4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 33 N GARDEN AVE #800	CITY-ST-ZIP CLEARWATER FL	4.2 NAME	
TITLE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME UPNEYER, ERNST I	4.3 STREET ADDRESS 1401 COURT STREET	
STREET ADDRESS 1333 INDIAN ROCKS RD.	CITY-ST-ZIP BELLEAIR FL	4.4 CITY-ST-ZIP CLEARWATER FL 33756	
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ROSENBLUM, BARBARA L.	5.1 TITLE	
STREET ADDRESS 7 AMBLESIDE DRIVE	CITY-ST-ZIP BELLEAIR FL	5.2 NAME UPMEYER II, ERNST A.	
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BIRCH, DOUGLAS R	5.3 STREET ADDRESS BELLEAIR FL 33756	
STREET ADDRESS 33 N GARDEN AVE #800	CITY-ST-ZIP CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME UPNEYER, ERNST I	6.1 TITLE	
STREET ADDRESS 1333 INDIAN ROCKS RD.	CITY-ST-ZIP BELLEAIR FL	6.2 NAME	
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ROSENBLUM, BARBARA L.	6.3 STREET ADDRESS BELLEAIR FL 33756	
STREET ADDRESS 7 AMBLESIDE DRIVE	CITY-ST-ZIP BELLEAIR FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Robin Babka **SIGNATURE REQUIRED** DATE 1-5-99 DAYTIME PHONE # _____

CR2E037 (1/198)