

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90091 010 \*\*\*\*70.00

**DOCUMENT # 751255**  
 1. Entity Name  
 FLORIDA BLOOD SERVICES FOUNDATION, INC.



Principal Place of Business Mailing Address  
 10100 NINTH ST NORTH 10100 NINTH ST NORTH  
 SAINT PETERSBURG FL 33716-3806 SAINT PETERSBURG FL 33716-3806

2. Principal Place of Business 3. Mailing Address  
 10100 Martin Luther King St N  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

MOORE CR2E037 (11/03)

4. FEI Number 59-2216675 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
 FLUHARTY, STEPHEN P  
 4355 HENDERSON BLVD.  
 TAMPA FL 33629

7. Name and Address of New Registered Agent  
 Name Roy Bertke  
 Street Address (P.O. Box Number is Not Acceptable) 2962 Stockwood Drive  
 City Clearwater FL Zip Code 33716

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Roy Bertke* DATE 3/4/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TPP	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, WILLIAM G JR	
STREET ADDRESS	1829 NOTTINGHAM LANE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TP	<input type="checkbox"/> Delete
NAME	FLUHARTY, STEPHEN P	
STREET ADDRESS	P.O. BOX 1	
CITY-ST-ZIP	TAMPA FL 33601-0001	
TITLE	T1VP	<input checked="" type="checkbox"/> Delete
NAME	LERNER, ALEXANDER M MD	
STREET ADDRESS	3024 VILLA ROSA PARK	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	T2VP	<input type="checkbox"/> Delete
NAME	GEORGE TIGERT, CYNTHIA A	
STREET ADDRESS	3431 HENDERSON BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BERTKE, ROY JR	
STREET ADDRESS	2962 STOCKWOOD DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TT	<input type="checkbox"/> Delete
NAME	HAEDIKE, ARTHUR JR	
STREET ADDRESS	4827 W. SANMIGUEL STREET	
CITY-ST-ZIP	TAMPA FL 33629	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TPP Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T1VP - First Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Adams	
STREET ADDRESS	3121 E. Vina Del Mar	
CITY-ST-ZIP	St. Petersburg Beach, FL 33706	
TITLE	President TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Roy Bertke</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernst Upmeyer III	
STREET ADDRESS	1333 Indian Rocks Road	
CITY-ST-ZIP	Belleair, FL 33756	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roy Bertke* DATE 3/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #