


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90078 041 \*\*\*\*70.00

<b>DOCUMENT # 751255</b>			
1. Entity Name FLORIDA BLOOD SERVICES FOUNDATION, INC.			
Principal Place of Business 10100 NINTH ST NORTH SAINT PETERSBURG, FL 33716-3806		Mailing Address 10100 MARTIN LUTHER KING ST. N SAINT PETERSBURG, FL 33716-3806	
2. Principal Place of Business 10100 DR MARTIN L KING ST. N.		3. Mailing Address 10100 DR. MARTIN L KING ST. N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BERTKE, ROY</b> 2962 STOCKWOOD DR. <del>SAINT PETERSBURG, FL 33746</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>CLEARWATER</u> <b>FL</b> Zip Code <u>33761</u>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPP FLUHARTY, STEPHEN P P.O. BOX 1 TAMPA, FL 336010001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T1VP ADAMS, GEORGE 3121 E VINA DEL MAR SAINT PETERSBURG, FL 33706 <input checked="" type="checkbox"/> Delete	T1VP LEROY SULLIVAN 12304 WYCLIFF PLACE TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T2VP GEORGE TIGERT, CYNTHIA A 3431 HENDERSON BLVD. TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	T2VP JUAN A VEGA, JR 202 63RD AVE SOUTH ST PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTKE, ROY JR 2962 STOCKWOOD DRIVE CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS UMEYER, ERNST III 1333 INDIAN ROCKS RD. CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TS ROBIN BABKA 101 PALMETTO ROAD BELLEAIR FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TREASURER ARTHUR HAEDIKE 5701 W. MARINER DRIVE # 802 TAMPA, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 officers empowered.			
SIGNATURE <u><i>Frederick K. ...</i></u>		Date <u>4-07-05</u> (727) 568-5433	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 59-2216675 Applied For Not Applicable

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