


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90066 039 ****70.00

DOCUMENT # 751255					
1. Entity Name FLORIDA BLOOD SERVICES FOUNDATION, INC.					
Principal Place of Business 10100 DR MARTIN L KING ST N SAINT PETERSBURG, FL 33716-3806			Mailing Address 10100 DR MARTIN L KING ST N SAINT PETERSBURG, FL 33716-3806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2216675	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERTKE, ROY 2962 STOCKWOOD DR. CLEARWATER, FL 33761			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T2VP RUGC, JOSEPH WN 709 S PACKWOOD AVE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T2VP NANCY BARRITT 2512 SIMMS BLVD WEST TAMPA, FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, LEROY 12304 WYCLIFF ROAD TAMPA, FL 33626	<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 VEGA, JUAN A JR 110-63RD AVE, S SAINT PETERSBURG, FL 33705	<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	TPP 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 EAST, APTHORP 3218 BAY VILLA AVE TAMPA, FL 33611	<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	T HAEDIKE, ARTHUR 5701 W MARINER DRIVE TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NANCY BOWMAN KELLER 1636 FIRST AVE N. ST. PETERSBURG, FL 33713	<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 exemptions contained in Chapter 119, 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: <i>Nancy B. Keller</i>		Date: 3/1/07		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>NANCY B. KELLER</i>					