


FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90001 037 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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			
Zip	Country	Zip	Country	4. FEI Number 59-2216675	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERTKE, ROY 2962 STOCKWOOD DR. CLEARWATER, FL 33761			7. Name and Address of New Registered Agent Name <u>NANCY BOWMAN KELLER</u> Street Address (P.O. Box Number is Not Acceptable) <u>1340 22ND AVE NORTH</u> City <u>ST. PETERSBURG, FL</u> Zip Code <u>33704</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: <u><i>Nancy Keller</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/13/08</u>					
Filing Fee is \$61.25 Due by May 1, 2008		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 VITAUTS M. GULBIS 1200 MONTICELLO BLVD N ST. PETERSBURG FL 33703
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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	TPP
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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	P
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TPP BERTKE, ROY JR 2962 STOCKWOOD DRIVE CLEARWATER, FL 33761	<input checked="" 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS EAST, APTHORP 3218 BAY VILLA AVE TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T1VP 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			
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	TS NANCY BOWMAN KELLER 1340 22ND AVE NORTH ST. PETERSBURG, FL 33704
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u><i>Nancy Keller</i></u> DATE <u>3/13/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					