

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751255

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA BLOOD SERVICES FOUNDATION, INC.

**Current Principal Place of Business:**

10100 DR MARTIN L KING ST N  
SAINT PETERSBURG, FL 337163806

**New Principal Place of Business:**

**Current Mailing Address:**

10100 DR MARTIN L KING ST N  
SAINT PETERSBURG, FL 337163806

**New Mailing Address:**

**FEI Number:** 59-2216675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAEDIKE, ARTHUR H JR  
3205 SEAWAY DRIVE  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TCH  
Name: GULBIS, VITAUTS M  
Address: 1200 MONTICELLO BLVD N  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TTS  
Name: SULLIVAN, LEROY  
Address: 12304 WYCLIFF ROAD  
City-St-Zip: TAMPA, FL 33626

Title: TPCH  
Name: VEGA, JUAN A JR  
Address: 110-63RD AVE, S  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T2VC  
Name: BABKA, ROBIN  
Address: 101 PALMETTO ROAD  
City-St-Zip: BELLEAIR, FL 33756

Title: T  
Name: HAEDIKE, ARTHUR H JR  
Address: 3205 SEAWAY DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T1VC  
Name: WILLIAMS, DAVID G  
Address: 640 RIVIERA BAY DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE RILEY LEACH

PRES

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date