


FILED
Jan 28, 2003 8:00 am
Secretary of State

01-09-2003 90061 036 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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



Principal Place of Business
 10100 NINTH ST NORTH
 ST PETERSBURG FL 33761

Mailing Address
 10100 NINTH ST NORTH
 ST PETERSBURG FL 33761

55003288



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-2216675**
 Applied For
 Not Applicable

Zip **33716-3806** Country

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

6. Name and Address of Current Registered Agent
CUMMINGS, WILLIAM G JR
1829 NOTTINGHAM LANE
CLEARWATER FL 33764

7. Name and Address of New Registered Agent
 Name **Stephen P. Fluharty**
 Street Address (P.O. Box Number is Not Acceptable)
4355 Henderson Blvd.
 City **Tampa, FL** Zip Code **33629**

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 *Stephen P. Fluharty*
Stephen P. Fluharty, President DATE **1-6-03**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> CUMMINGS, WILLIAM G JR 1829 NOTTINGHAM LANE CLEARWATER FL 33764 <i>PAST PRES.</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> FLUHARTY, STEPHEN P P.O. BOX 1 TAMPA FL 33601-0001 <i>PRES.</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="radio"/> WISEMAN, TODD A 200 S. PARKER ST TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(j), 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: *Stephen P. Fluharty* **STEPHEN P. FLUHARTY** DATE **1-6-03** 813-872-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attachment

55.003288

Addendum to 2003 Not-For-Profit Corporation Uniform Business Report
Document #751255 30003568
Florida Blood Services Foundation, Inc.

11. Additions/Changes to Officers and Directors in 10

F Arthur Haedike, Jr.
4827 W. San Miguel Street
Tampa, FL 33629

M Jane Riley Leach
3109 W. Fielder Street
Tampa, FL 33611