FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 27 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770107** **(1)**

1. Corporation Name

COMMUNITY BLOOD CENTER, INC.

Principal Place of Business	Mailing Address
% THOMAS R. BROWN 2660 AIRPORT ROAD SOUTH NAPLES FL 33962	% THOMAS R. BROWN 2660 AIRPORT ROAD SOUTH NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1983
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2324307 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25
2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

BROWN, THOMAS R.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, JOHN N.	12 NAME	
STREET ADDRESS	350 SEVENTH ST., NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CRONE, WILLIAM G	22 NAME	
STREET ADDRESS	350 SEVENTH ST NO	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	HERREN, NORMAN A.	32 NAME	700001442547
STREET ADDRESS	350 SEVENTH ST. NO.	33 STREET ADDRESS	-03/29/95--01035--016
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	OATES, EDWARD J	42 NAME	
STREET ADDRESS	350 SEVENTH ST., N.	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	Trustee ☐ Change ☑ Addition
NAME	~~RIONDA, MARTA M~~	52 NAME	Karpas, M.D., Charles
STREET ADDRESS	~~350 SEVENTH ST. N.~~	53 STREET ADDRESS	350 7th Street North
CITY-ST-ZIP	~~NAPLES FL~~	54 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BUCKHANNON, W. H.	62 NAME	
STREET ADDRESS	350 SEVENTH ST. NO.	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	64 CITY-ST-ZIP	SSJ 3/27/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward A. Hylton 2/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017488

Additional Board Members
Community Blood Center, Inc.

Albert Kerns, M.D.
c/o 350 7th Street North
Naples, FL 33940
Trustee

James L. Jones
c/o 350 7th Street North
Naples, FL 33940
Trustee

Edward M. Miller
c/o 350 7th Street North
Naples, FL 33940
Trustee

Thomas Porter, Sr.
c/o 350 7th Street North
Naples, FL 33940
Trustee