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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 770107 (1)

1. Corporation Name

COMMUNITY BLOOD CENTER, INC.

Principal Place of Business

% THOMAS R. BROWN
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

Mailing Address

% THOMAS R. BROWN
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112-4885



3. Date Incorporated or Qualified
09/02/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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 617.0502 and 617.1508, 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 617.0503, 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	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, JOHN N.	
STREET ADDRESS	350 SEVENTH ST., NORTH	
CITY - ST - ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRONE, WILLIAM G	
STREET ADDRESS	350 SEVENTH ST NO	
CITY - ST - ZIP	NAPLES, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HERREN, NORMAN A.	
STREET ADDRESS	350 SEVENTH ST. NO.	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OATES, EDWARD J	
STREET ADDRESS	350 SEVENTH ST., N.	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARPAS, CHARLES M.D.	
STREET ADDRESS	350 SEVENTH ST. N.	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKHANNOON, W. H.	
STREET ADDRESS	350 SEVENTH ST. NO.	
CITY - ST - ZIP	NAPLES FL	

1.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fordham, Jack	
1.3 STREET ADDRESS	350 7th Street No.	
1.4 CITY - ST - ZIP	Naples, FL 34102	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jones, James L.	
4.3 STREET ADDRESS	6641 Sandalwood Lane	
4.4 CITY - ST - ZIP	Naples, FL 34109	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97

941/436-5111

CR2E037 (9/96)

Additional Board Members

Community Blood Center, Inc.

Carl Loveday
Trustee
3417 Santiago Way
Naples, FL 34105

Edward M. Miller
Trustee
4826 Tahiti Lane
Naples, FL 34112

Raymond Miller
Trustee
313 Turtle Hatch Road
Naples, FL 34103

Thomas Porter, Sr.
Trustee
1325 7th Street South
naples, FL 34102

Brent E. Snodgras
Trustee
15161 Cedarwood Lane #1704
Naples, FL 34108

Dolph W. Von Arx
Trustee
4951 Gulfshore Blvd. #1402
Naples, FL 34103