FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

I do hereby certify that the information indicated on this.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

770107

(1)

COMMUNITY BLOOD CENTER, INC.

2660 AIRPORT ROAD SOUTH 2660 AIRP				MAS R. BROWN RPORT ROAD SOUTH						
NAPLES FL 33962			NAPLES FL 341124	NAPLES FL 34112-4895			3. Date Incorporated or Qualified 3a. Date of Last Report 09/02/1983 05/01/1996			
2. 21	Principal Place of	Business	2a. Mailing Address	S		4. FEI Number 59-2324307			Applied For Not Applicable	
22	Suite, Apt #, etc	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, et	C.		5. Certificate of Status De	sired		5 Additional Required	
23	City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24	Zıp	Country 25	Zip 29	30 Cc	ountry	8. This corporation has lia Florida Statutes		Yes X No	er s. 199.032,	
	9. N	lame and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of	New Het	Jisterea Agent		
					81 Name	•				
Brown, Thomas R. 2660 Airport Road South					82 Street Address (P.O. Box Number is Not Acceptable)					
	NAPLES FL 33	3942			83	•				
					84 City			FL 85	Zip Code	
11	office or registere	provisions of Sections 617.050 and agent, or both, in the State iar with, and accept the oblig	e of Florida. Such change	was authoriz	ed by the co	d corporation submits this statement rporation's board of directors. I here	for the pr by accep	urpose of changir It the appointment	ig its registered as registered	
SIG	GNATURE									
12		typed or prend name of registered ag	gent and title if applicable ND DIRECTORS	(NOTE: Register		re required when reinstating) ADDITIONS/CHANGES	TO OFFIC	DATE DEBS AND DIBECT	TORS IN 12	
TIT		OF TOURS AN	X DELE		TITLE		0.110	☐ Char		
NAI	_	IGGS, JOHN N.	44		NAME	Trustee			g- 23 / 44 / 4	
l		O SEVENTH ST., NORTH			STREET ADDRESS	Fordham, Jack				
l	414	PLES FL				350 7th Street No. Naples, FL 34102	1			
1111			☐ DELE		CITY - ST - ZIP TITLE	Napies, ID 34102		☐ Char	ge Addition	
NAI	(ONE, WILLIAM G		L -	NAME			,		
l		O SEVENTH ST NO			STREET ADDRESS					
l	814	PLES, FL 00000			DINCE I MUDNICAG					
1/1					COV OF 710					
	UU	1	☐ NELE		CITY-ST-ZIP			☐ Char	nge	
l	HF		DELE	TE 3.1	TITLE			Char	ige 🔲 Addition	
311		RREN, NORMAN A.	☐ DELE	TE 3.1	TITLE NAME			☐ Char	ige 🔲 Addition	
Lou	REEL ADDRESS 350	RREN, NORMAN A. O SEVENTH ST. NO.	DELE	TE 3.1 3.2 3.3	title Name Street address			Char	nge Addition	
	REET ADDRESS 350	RREN, NORMAN A.		TE 3.1 3.2 3.3 3.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
ΪЩ		RREN, NORMAN A. O SEVENTH ST. NO. OPLES FL	☐ DELE	TE 3.1 3.2 3.3 3.4 TE 4.1	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trustee	Ma.v.	☐ Char		
ŤI Į	REEL ADDRESS 350 NA NA NA NA NA NA NA N	RREN, NORMAN A. O SEVENTH ST. NO. NPLES FL ATES, EDWARD J		TE 3.1 3.2 3.3 3.4 TE 4.1 4.2	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trustee Jones, James L.	ine			
THI NAI STE	REELADORESS 350 NA	RREN, NORMAN A. 10 SEVENTH ST. NO. 11 PLES FL 11 PLES, EDWARD J. 10 SEVENTH ST., N.		TE 3.1 3.2 3.3 3.4 TE 4.1 4.2 4.3	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trustee Jones, James L. 6641 Sandelwood La	ine			
TH NAI STH CH	REEL ADDRESS 350 NA	RREN, NORMAN A. O SEVENTH ST. NO. NPLES FL ATES, EDWARD J	(X) DELE	TE 3.1 3.2 3.3 3.4 TE 4.1 4.2 4.3 4.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Jones, James L.	ane		ige 🗽 Addition	
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TITI NAI STE CIT TITI	REEL ADDRESS 350 NA	RREN, NORMAN A. O SEVENTH ST. NO. PLES FL ATES, EDWARD J O SEVENTH ST., N. PLES FL ARPAS, CHARLES M.D.	(X) DELE	TE 3.1 3.2 3.3 3.4 TE 4.1 4.2 4.3 4.4 TE 5.1	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trustee Jones, James L. 6641 Sandelwood La Naples, FL 34109	ane	Cnar	ige 🗽 Addition	
TITI NAI STE CIT TITI NAI	### ADDRESS 350 NA	RREN, NORMAN A. O SEVENTH ST. NO. ATES, EDWARD J O SEVENTH ST., N. APLES FL ARPAS, CHARLES M.D. O SEVENTH ST. N.	(X) DELE	TE 3.1 3.2 3.3 3.4 TE 4.1 4.2 4.3 4.4 TE 5.1 5.2	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Trustee Jones, James L. 6641 Sandelwood La Naples, FL 34109	ine	Cnar	ige 🗽 Addition	
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ifornation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name a state of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name Lam an officer or director appears in Block 12 or Bli SIGNATURE:

6.4 CITY-ST-ZIP

FILED

Mar 24 1997 8:00am

Secretary of State

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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 Bvld. #1402 Naples, FL 34103