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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33962
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3. Date Incorporated or Qualified 09/02/1983	
4. FEI Number 59-2324307	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, THOMAS R. 2660 AIRPORT ROAD SOUTH NAPLES FL 33942
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	FORDHAM, JACK
STREET ADDRESS	350 SEVENTH ST., NORTH
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD CRONE, WILLIAM G
STREET ADDRESS	350 SEVENTH ST NO
CITY-ST-ZIP	NAPLES, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	CD HERREN, NORMAN A.
STREET ADDRESS	350 SEVENTH ST. NO.
CITY-ST-ZIP	NAPLES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T JONES, JAMES L.
STREET ADDRESS	6641 SANDELWOOD LANE
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	D KARPAS, CHARLES M.D.
STREET ADDRESS	350 SEVENTH ST. N.
CITY-ST-ZIP	NAPLES FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	B BUCKHANNON, W. H.
STREET ADDRESS	350 SEVENTH ST. NO.
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Blanchard, Francis
4.3 STREET ADDRESS	380 Seaview Court #609
4.4 CITY-ST-ZIP	Marco Island, FL 34145
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Carroll, Raymond
6.3 STREET ADDRESS	118 Debron Drive
6.4 CITY-ST-ZIP	Naples, FL 34112

14. I 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 block of attachment with an address.

SIGNATURE  4.15 98 941-436-5700

CR2E037 (10/97)

**1998 Board of Trustees
Community Blood Center, Inc.**

Loveday, Carl
3417 Santiago Way
Naples, FL 34105
Trustee

Miller, Raymond
313 Turtle Hatch Rd.
Naples, FL 34103
Trustee

Morris, Daniel J., MD
400 8th Street No.
Naples, FL 34102
Trustee

Rambosk, Kevin
282 Pinchurst Circle
Naples, FL 34113
Trustee

Snodgrass, E. Brent
15161 Cedarwood Lane
Naples, FL 34110
Trustee

von Arx, Dolph W.
4351 Gulfshore Blvd. No.
Naples, FL 34103
ex officio