

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 12 PM 12:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N02180 (0)
1. Corporation Name
ASSOCIATION OF INDEPENDENT BLOOD CENTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**HERBERT C. GIBSON
303 BANYAN BLVD. SUITE 400
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified **03/26/1984** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-2445150** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
**GIBSON, HERBERT C.
303 BANYAN BLVD
SUITE 400
WEST PALM BEACH FL 33401**

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 607.1608, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|---|---|
| TITLE | CD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHANSEN, DOUGLAS G. | 1.2 NAME | |
| STREET ADDRESS | 18270 SE FAIRVIEW CIR | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | TEQUESTA FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHALMERS, DUNCAN | 2.2 NAME | |
| STREET ADDRESS | 1300-36TH STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | PD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLYNN, JOHN H | 3.2 NAME | |
| STREET ADDRESS | 933 45TH STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | WEST PALM BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDWARDS, ALLEN | 4.2 NAME | |
| STREET ADDRESS | 3055 CARDINAL DR, STE 202 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH FL | 4.4 CITY - ST - ZIP | |
| TITLE | VCD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARR, ALICE | 5.2 NAME | |
| STREET ADDRESS | 1315 N. FLORIDA AVE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAKELAND FL | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIBSON, HERBERT C | 6.2 NAME | |
| STREET ADDRESS | P O BOX 1629 NA | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | WEST PALM BEACH FL | 6.4 CITY - ST - ZIP | |

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 110.07(3)(k), Florida Statute. 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 approved 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 addendum.

SIGNATURE: _____ DATE: **4-7-95** DAYTIME PHONE: **407-238-8606**