## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE: \_\_\_



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

(521) 881-1640

## Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

DOCUMENT # NO2180

(0)

## ASSOCIATION OF INDEPENDENT BLOOD CENTERS, INC.

Principal Place of Business Mailing Address					8(1 <del>-</del> 1841 - <del>1</del> 781) - 875(1 - 8784) - 8784 - 8784 - 8784)
WEST PALM BEACH FL 33407 WEST PALM BEACH		933 45TH STREET WEST PALM BEACH FL 3340 US	)7-2413		
				<ol> <li>Date Incorporated or Qualified 03/26/1984</li> </ol>	3a. Date of Last Report 04/08/1996
Principal Place of Business     The state of Business     The state of Business		2a. Mailing Address		4. FEI Number 59-2445150	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29 3	0	1	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	jistered Agent
81 Name FLYNN				FLYNN, JOHN H.	
GIBSON, HERBERT C.			82 Street Address (P.O. Box Number is Not Acceptable)		
303 BANYAN BLVD			933 45TH ST.		
SUITE 400					
WEST P	ALM BEACH FL 33401		84 City		85 Zip Code
- 11 5				W. PALM BEACH,	FL     33407
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					
office or registered agent, or both, in the State of Elerida. 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a company of the appointment as registered agent.					
SIGNATURE	Signature, typed provided white of registered ag				/13/97
12.		ent and title if applicable. (NOTE: F ND DIRECTORS	Registered Agent eignature	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE	ADDITIONS/CITANGES TO OFFIC	Change 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	DELETE	2.1 TITLE	·····	Change Addition
NAME	CHALMERS, DUNCAN		2.2 NAME		
STREET ADDRESS	1300-36TH STREET		2.3 STREET ADDRESS		i
CITY - ST - ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	· .	i
TITLE	PD	☐ DELETE	3.1 TITLE		Change Addition
NAME	FLYNN, JOHN H		3.2 NAME	•	
SYREET ADDRESS	933 45TH STREET		3.3 STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL		3.4. CITY-ST-ZIP		
TITLE	TO	XX DELETE	4.1 TITLE	TREASURER	Change AA Addition
NAME	GRAY, JOHN	•	4. 2 NAME	CORDERO, HUMBERTO	
STREET ADDRESS	P.O. BOX 666			1401 S. OCEAN BLVD., #4:	10
CITY-ST-ZIP	BELLGLADE FL			BOCA RATON, FL 33432	
TITLE	VCD	☐ DELETE	5.1 TITLE	VICE CHAIRMAN	Change Addition
NAME	BARR, ALICE			BARR, ALICE	
STREET ADDRESS	1315 N. FLORIDA AVE			3200 LAKELAND HILLS BLVI	) <b>.</b>
CITY-ST-ZIP	CAKELAND FL	XX DELETE	5.4 CITY-ST-ZIP	LAKELAND, FL 33805	Change XX Addition
TITLE	D CIDOON HEDBERT C	VA percir		SECRETARY	CT cusude YTD vooldon
NAME CTOTET ADDRESS	GIBSON, HERBERT C P O BOX 1629 NA			JOHNSTON, PAT	
STREET ADDRESS	WEST PALM BEACH FL			1300 36TH ST.	
CITY-ST-ZIP		ed with this filing does not qualify		VERO BEACH, FL 32960 tated in Section 119.07(3(i), Florida Statutes	: I further certify that the
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 or an attachment with an address.					