

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90031 027 ****70.00

DOCUMENT # N02180

1. Entity Name
ASSOCIATION OF INDEPENDENT BLOOD CENTERS, INC.



Principal Place of Business
**3451 NORTHLAKE BLVD
 LAKE PARK, FL 33403 US**

Mailing Address
**3451 NORTHLAKE BLVD
 LAKE PARK, FL 33403**



2. Principal Place of Business
10130 NORTHLAKE BLVD

3. Mailing Address
10130 NORTHLAKE BLVD

07152005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.
214-165

Suite, Apt. #, etc.
214-165

City & State
West Palm Beach

City & State
West Palm Beach

4. FEI Number
59-2445150

Applied For
 Not Applicable

Zip
33412

Country
PALM BEACH

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLYNN, JOHN H
 3451 NORTHLAKE BLVD.
 LAKE PARK, FL 33403**

Name
 Street Address (P.O. Box Number is Not Acceptable)

10130 NORTHLAKE BLVD # 214-165
 City **West Palm Beach** FL Zip Code **33412**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

7/15/2005
 DATE

**Filing Fee is \$61.25
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHANSEN, DOUGLAS G. 18270 SE FAIRVIEW CIR TEQUESTA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, COLIN 3451 NORTHLAKE BLVD. LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, JOHN H 3451 NORTHLAKE BLVD. LAKE PARK, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLARD, TOM 1717 JOHN ARTHUR WAY LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARR, ALICE 3200 LAKELAND HILLS BLVD LAKELAND, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSTON, PAT 1300 36TH ST VERO BEACH, FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHELE NOLTE 1300 36th STREET VERO BEACH, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD 10130 NORTHLAKE BLVD # 214-165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2005 (561) 512-9100
 Date Daytime Phone #