2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# N05000005614

Entity Name: ASSOCIATION OF THE PRECIOUS BLOOD, INC.

Current Principal Place of Business:

3423 EAGLE'S BLUFF TRACE
TALLAHASSEE, FL 32310

New Principal Place of Business:

2554 CAPITAL CIRCLE NE
SUITE B8
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 15851
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 86-1139582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FASON, PATRICIA
3423 EAGLE'S BLUFF TRACE
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

FASON, PATRICIA A
2554 CAPITAL CIRCLE
SUITE B8
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: PATRICIA A. FASON 08/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DELGADO, OSCAR MR.
Address: 6324 S INGLESIDE #2
City-St-Zip: CHICAGO, IL 60637

Title: EIC ( ) Delete
Name: ANOKETE, ANTHONY FR
Address: 500 GOODE STREET
City-St-Zip: HOUMA, LA 70361

Title: SD ( ) Delete
Name: UGOAGWU, PETER C FR
Address: 301 ANN ST
City-St-Zip: NEWBURGH, NY 12550 XX

Title: EDT ( ) Delete
Name: BREERWPPD, CRAOG
Address: 702 DUVAL AVE
City-St-Zip: HOUMA, LA 70364

Title: VP ( ) Delete
Name: ABEL, TERRY
Address: 10944 SW HARTWICK DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: S ( ) Delete
Name: MCKINLEY, MARGARET
Address: 1841 1ST N ST
City-St-Zip: SYRACUSE, NY 13208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DELGADO, OSCAR I MR.
Address: 6324 S INGLESIDE #2
City-St-Zip: CHICAGO, IL 60637

Title: EIC (X) Change ( ) Addition
Name: ANOKETE, ANTHONY FR
Address: 134 MICHIGAN AVE. #Q43
City-St-Zip: WASHINGTON, DC 20017

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: EDT (X) Change ( ) Addition
Name: BREERWOOD, CRAIG
Address: 702 DUVAL AVE
City-St-Zip: HOUMA, LA 70364

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. FASON EXED 08/24/2009
Electronic Signature of Signing Officer or Director Date