

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005614

FILED
Dec 11, 2010
Secretary of State

Entity Name: ASSOCIATION OF THE PRECIOUS BLOOD, INC.

Current Principal Place of Business:

2554 CAPITAL CIRCLE NE
SUITE B8
TALLAHASSEE, FL 32308

New Principal Place of Business:

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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 FASON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: EDT
Name: BREERWOOD, CRAIG
Address: 702 DUVAL AVE
City-St-Zip: HOUMA, LA 70364

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA FASON

ED

12/11/2010

Electronic Signature of Signing Officer or Director

Date