## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N43904**

1. Corporation Name

CENTRAL FLORIDA TISSUE BANK, INC.

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90159 003 \*\*\*\*61.25

Principal Pla 32 WEST GO ORLANDO FI		Mailing Address 32 WEST GORE STR ORLANDO FL 32806	32 WEST GORE STREET									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 9. Name and Address of Curre					Name	5. Ce	3. Date Incorporated or Qualifed 06/18/1991  4. FEI Number 59-3088930  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  10. Name and Address of New Registered Agent					
	DWARD O. Gore Street			82	Street A	Address (P.O.	Box Numb	er is Not Accep	table)	<u> </u>		$\dashv$
	ORE STREET OFL 32806			83							<del></del>	-
				84	City		<del></del>		F	. 85 Zip	Code	4
11. Pursuani office or agent. I a	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the oblining signature, typed or printed name of registered as					corporation su ration's board		statement for th s. I hereby acco	e purpose o	of changing its ointment as re	registered gistered	1
12.		AND DIRECTORS	13.	a Agen	t signature red			ANGES TO O	DATE FEICERS A	ND DIRECTO	DS IN 12	4
TITLE	DT	☐ DELET		ITLE			21110110701	ANGLO TO O	FFICERS	Change	Addition	1
NAME	BOONE, DAVID		1.2 N	AME	Ī			,		onange	L. Manner	
STREET ADDRESS	200 S. ORANGE STREET		1.3 \$	TREET	ADDRESS				<i>.</i>			1
CITY-ST-ZIP	ORLANDO FL		1.4 0	ITY-ST	- ZIP							
TITLE	DPS	☐ DELETI								Change	☐ Addition	1
NAME	CARR, EDWARD O.		2.2 N	AME_				<u></u>				. _
STREET ADDRESS	32 WEST GORE ST.		2.3 S	TREET.	ADDRESS				•			
CITY-ST-ZIP	ORLANDO FL		2.40	ITY-ST	r-ZIP					•		
TITLE	DC	☐ DELETE								☐ Change	Addition	1
NAME	RAMSDEEL, ROBERT		3.2 N	AME	ĺ		•				_	
STREET ADDRESS	2811 CURRY FORD RD		3.3 S	REET	ADDRESS				• ,	* v	•	ŀ
CITY-ST-ZIP	ORLANDO FL		3.4. C	ITY-ST	-ZIP		•	:	,	,	•	
TITLE	DC	☐ DELETE	4.1 TI	ΠE				<del>-</del> -		Change	Addition	1
NAME	DUDA, BETTY A		4. 2 N	AME.					•			1
STREET ADDRESS	2450 MIKLER ROAD		4.3 \$1	REET /	ADDRESS			•		•		
CITY-ST-ZIP	OVIEDO FL			TY-ST-	ZIP					•	-	
TITLE	D SOUND 5	☐ DELETE								Change	☐ Addition	1
NAME	METZ, RONALD E		5.2 N/	ME				•				
STREET ADDRESS	861 SE 47TH STREET		5.3 ST	REETA	ADDRESS							
CITY-ST-ZIP	CAPE CORAL FL			IY-ST-	ZIP			<u> </u>		·	•	
TITLE		☐ DELETE			ļ		·,	,		Change	☐ Addition	1
NAME			6.2 NA									
STREET ADDRESS					DDRESS						,	
CITY-ST-ZIP			6.4 CP	Y-ST-	ZIP						I	ĺ

14. 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 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 trusted 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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