CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000267 (5)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name

PALM BEACH BLOOD BANK FOUNDATION, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
933 45TH ST WEST PALM BEACH FL 33407	933 45TH ST WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 01/21/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0877825 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLYNN, JOHN H.
933 45TH STREET
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSEN, DOUGLAS G	1.2 NAME		
STREET ADDRESS	933 45TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CORDERO, HUMBERTO	2.2 NAME		
STREET ADDRESS	17987 FOXBOROUGH LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BRUMBACK, CLARENCE L. M	3.2 NAME		
STREET ADDRESS	7405 S FLAGLER DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	CALLAWAY, ROBERT J.	4.2 NAME		
STREET ADDRESS	1639 FORUM PLACE, SUITE 5	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, JOHN H	5.2 NAME		
STREET ADDRESS	824 OCEAN DUNES CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: J.A. FLYNN Pres CEO 7/1/95 (10) 845-2323
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR — Title — Daytime Phone #

0011063