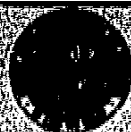


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Division of Corporations
Tallahassee, Florida
Secretary of State

DOCUMENT # N93000000267 (5)

1. Corporation Name

PALM BEACH BLOOD BANK FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

933 45TH ST
WEST PALM BEACH FL 33407

933 45TH ST
WEST PALM BEACH FL 33407

FILED
95 JUL -7 AM 8:45
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

NAME

JOHANSEN, DOUGLAS G

STREET ADDRESS

933 45TH ST

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

SD

NAME

CORDERO, HUMBERTO

STREET ADDRESS

17887 FOXBOROUGH LANE

CITY - ST - ZIP

BOCA RATON FL

TITLE

D

NAME

BRUMBACK, CLARENCE L. M

STREET ADDRESS

7405 S FLAGLER DRIVE

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

DT

NAME

CALLAWAY, ROBERT J.

STREET ADDRESS

1639 FORUM PLACE, SUITE 5

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

P

NAME

FLYNN, JOHN H

STREET ADDRESS

824 OCEAN DUNES CIRCLE

CITY - ST - ZIP

JUPITER FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Flynn
JOHN H. FLYNN

7/1/95

(10/845-2322)