2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N93000000267

Entity Name: SOUTH FLORIDA BLOOD BANKS FOUNDATION, INCORPORATED

Current Principal Place of Business:

14257 U S HIGHWAY 1
JUNO BEACH, FL 33408

New Principal Place of Business:

3451 NORTHLAKE BLVD
LAKE PARK, FL 33403

Current Mailing Address:

14257 U S HIGHWAY 1
JUNO BEACH, FL 33408

New Mailing Address:

3451 NORTHLAKE BLVD
LAKE PARK, FL 33403

FEI Number: 59-0877825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHANSEN, DOUGLAS G
14257 U S HIGHWAY 1
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

FLYNN, JOHN H
3451 NORTHLAKE BLVD
LAKE PARK, FL 33403 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: JOHN H. FLYNN 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHANSEN, DOUGLAS G
Address: 14257 U S HIGHWAY 1
City-St-Zip: JUNO BEACH, FL 33408

Title: CD (X) Delete
Name: ARVIDSON, PHIL
Address: 14257 U S HIGHWAY 1
City-St-Zip: JUNO BEACH, FL 33408

Title: STD (X) Delete
Name: MOFFETT, TED
Address: 14257 U S HIGHWAY 1
City-St-Zip: JUNO BEACH, FL 33408

Title: EVP (X) Delete
Name: FLYNN, MARIA
Address: 14257 U S HIGHWAY 1
City-St-Zip: JUNO BEACH, FL 33408

Title: D (X) Delete
Name: SOUTH, LAURA
Address: 14257 U S HIGHWAY 1
City-St-Zip: JUNO BEACH, FL 33408

Title: D (X) Delete
Name: ESSA, MICHELE L
Address: 14257 US HIGHWAY 1
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FLYNN, JOHN H
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN H. FLYNN P 04/28/2004
Electronic Signature of Signing Officer or Director Date