

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004607

FILED
Feb 03, 2004
Secretary of State**Entity Name:** THE WEST COAST DIVISION FOR HEMOPHILIA AND BLEEDING DISORDERS OF THE FLORIDA
CHAPTER OF THE NATIONAL HEMOPHILIA FOUNDATION, INC.**Current Principal Place of Business:**17810-C LITTLEWOOD DR
SPRING HILL, FL 34610**New Principal Place of Business:**4901 WEST CYPRESS STREET
TAMPA, FL 33607**Current Mailing Address:**17810-C LITTLEWOOD DR
SPRING HILL, FL 34610**New Mailing Address:**4901 WEST CYPRESS STREET
TAMPA, FL 33607**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BLAZEVICH, MARY K
11105 LAKE SASSA DR.
THONOTOSASSA, FL 33592 US**Name and Address of New Registered Agent:**RUSSO, NATALIE
4901 WEST CYPRESS STREET
TAMPA, FL 33607 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: NATALIE RUSSO

02/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VPD () Delete
Name: KRANKUS, PAT
Address: 5115 ARBOR POINT CIRCLE #505
City-St-Zip: TAMPA, FL 33617Title: TD () Delete
Name: ZERBE, DOLORES
Address: 11020 US HWY 301
City-St-Zip: THONOTOSASSA, FL 33592Title: SD () Delete
Name: QUILLEN, DIANNA
Address: 18705 COASTS ST
City-St-Zip: SPRING HILL, FL 34610**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: ED (X) Change () Addition
Name: RUSSO, NATALIE
Address: 4901 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607Title: () 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: NATALIE RUSSO

ED

02/03/2004

Electronic Signature of Signing Officer or Director

Date