FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700006652

1. Corporation Name

SARASOTA COMMUNITY BLOOD BANK FOUNDATION, INC.

Principal Place of Business

Mailing Address

1760 MOUND STREET SARASOTA FL 34236 1760 MOUND STREET SARASOTA FL 34236

FILED Mar 26, 1999 8:00 am § Secretary of State

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							† TOETHERE \$50 FORM THOSE EASEN COME BATTLE OR THE BATTLE OF THE STATE
-	ace of Business	Mailing Address				3. Date Incorporated or Qualifed 11/24/1997	
Suite, Apt.	# etc	26	Suite, Apt. #, etc.	_			4. FEI Number Applied For
_ ` '	m, 610.	27	Callo, r. pt. iii jossi				65-0823005 Not Applicable
City & Stat	e	12:1	City & State				\$8.75 Additional
23	•	28	,				5. Certificate of Status Desired Fee Required
Zip	Country	1=01	Zip	Country			6. Election Campaign Financing S5.00 May Be
24	25	29	. 3	0			Trust Fund Contribution Added to Fees
	9. Name and Address of Current						10. Name and Address of New Registered Agent
				81	N	ame	
FRENCH.	TEN			82	-	tract Addro	ess (P.O. Box Number is Not Acceptable)
	GLING BLVD		_	02		lieel Muule	655 (F.O. DOX MUITIDOT IS MOUNDOCPUEDIO)
	A FL 34236			83	 		
SARASUI	A FL 34230			84	-	ity	85 Zip Code
		_			L_	<u> </u>	<u>FL II</u>
	to the provisions of Sections 613.0502 egistered agent, of hour, in the State of mailier with, each agent the college.	and E Flori ons of	617.1508, Florida Statutes da. Such change was aut f, Section 617.0503, Florid	, the abov horized by la Statutes	e-na the	med corpo corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Algoeture, typed or printed hame of registered agent	and title	if applicable. (NOTE: R	tegistered Age	nt sig	nature required	d when reinstating) DATE
12,	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		X DELETE	1.1 TITLE		10	Change Addition
NAME	SEMLER, HERBERT A		•	1.2 NAME			ARY LYNN DESTARLAIS
STREET ADDRESS	6952 COUNTRY LAKES CIR			1.3 STREE	TADE	RESS 80	175 BENAVA ROS
CITY-ST-ZIP	SARASOTA FL 34243			1.4 CITY-S		SA	RASOTA FL 34138
TITLE	D		DELETE	2.1 TITLE		Δ	Change ☐ Addition
NAME	HART, GREGORY		V •	2.2 NAME		JA	aJE MARFHALL
STREET ADDRESS				2.3 STREE	T ADI	DRESS 17	60 MOLNO ST 1
CITY-ST-ZIP	SARASOTA FL 34236			2.4 CITY-			ARASOTA, FL 3+236
TITLE	D		☐ DELETE	3.1 TITLE	<u></u>		☐ Change ☐ Addition
NAME	TOALE, JAMES			3.2 NAME		- {	
STREET ADDRESS				3.3 STREE	T ADI	DRESS	*
CITY-ST-ZIP	SARASOTA FL 34237			3.4. CITY-		p	
TITLE	D		☐ DELETE	4.1 TITLE		Δ-	Change ☐ Addition
NAME	KRUMHOLZ, RICHARD			4. 2 NAME		R	ICHARD KRUMKALZ
STREET ADDRESS	l			4.3 STREE	TAD		
CITY-ST-ZIP	SARASOTA FL 34236			4.4 CITY-5		5	ARASOTA . FL 3423L
TITLE	D		☐ DELETE	5.1 TITLE		Λ	■ T Change Addition
NAME	HERRON, WILLIAM D		•	5.2 NAME		W	ILLIAM DHERKON
STREET ADDRESS	l			5.3 STREE	TADI		590 BEE RIDGE LO . STE 5
CITY-ST-ZIP	SARASOTA FL 34233			5.4 CITY-5	ST-ZIF		ARABOTA FL 34133
TITLE	CAINOUTA IL 04200		☐ DELETE	6.1 TITLE	_		☐ Change ☐ Addition
NAME			•	6.2 NAME			
STREET ADDRESS	}		•	6.3 STREE	TAD	DRESS	
SIREE! ADDRESS	Į.			BACTIV-S	:T_711	,	

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 suppliemental 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-9-99

Daytime Phone #

ROEU37 (11/98)