

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90004 027 ****61.25

DOCUMENT # N05000005614 1. Entity Name ASSOCIATION OF THE PRECIOUS BLOOD, INC.					
Principal Place of Business 3423 EAGLE'S BLUFF TRACE TALLAHASSEE, FL 32310			Mailing Address PO BOX 15851 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FASON, PATRICIA 3423 EAGLE'S BLUFF TRACE TALLAHASSEE, FL 32310				Name, PATRICIA FASON	
				Street 3423 EAGLES BLUFF TRACE	
				City TALLAHASSEE FL Zip Code 32310	
8. 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. I am familiar with, and accept the obligations of					
SIGNATURE PATRICIA FASON 8-4-08 <small>me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, OSCAR MR. 6324 S INGLESIDE #2 CHICAGO, IL 60637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EIC ANOKETE, ANTHONY FR 500 GOODE STREET HOUMA, LA 70361 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UGOAGWU, PETER C FR 301-ANN ST NEWBURGH, NY 12550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDT FASON, PATRICIA 3423 EAGLE'S BLUFF TRACE TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAIG BLEERWOOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 702 DUVAL AVE. HOUMA, LA 70364-3106		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ABEL, TERRY 10944 SW HARTWICK DR PORT SAINT LUCIE, FL 34987 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERREY ABEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10944 SW HARTWICK DR PORT SAINT LUCIE, FL 34987		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. MARGARET MCKINLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1801 1ST N. ST. SYRACUSE, NY 13208		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: PATRICIA FASON 8/4/08 577-0607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					