

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005614

FILED  
Jun 25, 2012  
Secretary of State

**Entity Name:** ASSOCIATION OF THE PRECIOUS BLOOD, INC.

**Current Principal Place of Business:**

2554 CAPITAL CIRCLE NE  
SUITE B8  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15851  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 86-1139582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FASON, PATRICIA A  
2554 CAPITAL CIRCLE  
SUITE B8  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DELGADO, OSCAR I MR.  
**Address:** 6324 S INGLESIDE #2  
**City-St-Zip:** CHICAGO, IL 60637 US

**Title:** EIC  
**Name:** ANOKETE, ANTHONY FR  
**Address:** 134 MICHIGAN AVE. #Q43  
**City-St-Zip:** WASHINGTON, DC 20017 US

**Title:** SD  
**Name:** UGOAGWU, PETER C FR  
**Address:** 301 ANN ST  
**City-St-Zip:** NEWBURGH, NY 12550 US

**Title:** EDT  
**Name:** BREERWOOD, CRAIG  
**Address:** 702 DUVAL AVE  
**City-St-Zip:** HOUMA, LA 70364 US

**Title:** VP  
**Name:** ABEL, TERRY  
**Address:** 10944 SW HARTWICK DR  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987 US

**Title:** S  
**Name:** MCKINLEY, MARGARET  
**Address:** 1841 1ST N ST  
**City-St-Zip:** SYRACUSE, NY 13208 US

I hereby 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 all other like empowered.

**SIGNATURE:** PATRICIA A. FASON

ED

06/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date