

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008758

Entity Name: COASTAL BLOOD ALLIANCE, INC.**Current Principal Place of Business:**7595 CENTURION PARKWAY
JACKSONVILLE, FL 32256**Current Mailing Address:**7595 CENTURION PARKWAY
JACKSONVILLE, FL 32256**FEI Number:** 90-0473736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLINS, VALERIE A
7595 CENTURION PARKWAY
JACKSONVILLE, FL 32256 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name COLLINS, VALERIE A
Address 7595 CENTURION PARKWAY
City-State-Zip: JACKSONVILLE FL 32256

Title VC
Name HILLEGASS, MARIANNE
Address 800 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

Title T
Name BROCK, DANIEL C
Address 501 RIVERSIDE AVENUE
 SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

Title C
Name SEBESTA, JAMES
Address 10739 DEERWOOD PARK
 BOULEVARD
 SUITE 103
City-State-Zip: JACKSONVILLE FL 32256

Title S
Name WICKS, MICHAEL
Address 3787 PALM VALLEY ROAD
 SUITE 102-309
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIR
Name ALLEN, ED
Address 102 SHANKLIN RD
City-State-Zip: BEAUFORT SC 29901

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: VALERIE A COLLINS

PRESIDENT

01/10/2014

Electronic Signature of Signing Officer/Director Detail_____
Date