

2015 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:**LAWSON, EDDIE R
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	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

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	PRESIDENT
Name	LAWSON, EDDIE R
Address	7595 CENTURION PARKWAY
City-State-Zip:	JACKSONVILLE FL 32256

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: EDDIE R. LAWSON**PRESIDENT****01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date