

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N07000008758

Entity Name: COASTAL BLOOD FOUNDATION, INC.

Current Principal Place of Business:

C/O W. HAMILTON TRAYLOR
501 RIVERSIDE AVENUE SUITE 600
JACKSONVILLE, FL 32202

Current Mailing Address:

C/O W. HAMILTON TRAYLOR
501 RIVERSIDE AVENUE SUITE 600
JACKSONVILLE, FL 32202 US

FEI Number: 90-0473736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAYLOR, W. HAMILTON
501 RIVERSIDE AVENUE
SUITE 600
JACKSONVILLE, FL 32202 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, P
Name SEBESTA, JAMES
Address 10739 DEERWOOD PARK
BOULEVARD
SUITE 103
City-State-Zip: JACKSONVILLE FL 32256

Title D, VP, S, T
Name TRAYLOR, W. HAMILTON
Address 501 RIVERSIDE AVENUE
SUITE 600
City-State-Zip: JACKSONVILLE FL 32202

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: W. HAMILTON TRAYLOR

VICE PRESIDENT

10/14/2020

Electronic Signature of Signing Officer/Director Detail

Date