

2017 FLORIDA NOT FOR PROFIT CORPORATION 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
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: JAMES SEBESTA

C

04/27/2017

Electronic Signature of Signing Officer/Director Detail_____
Date