

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50067

Entity Name: ONEBLOOD, INC.

Current Principal Place of Business:

8669 COMMODITY CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

8669 COMMODITY CIRCLE
ORLANDO, FL 32819 US

FEI Number: 59-3145469

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DR STE 1300
JACKSONVILLE, FL 32202-5017 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 CHAIRMAN
Name WINDHAM, JOHN F
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title SECRETARY
Name STILES, CHRISTOPHER S
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT/CEO
Name SCHOLL, GEORGE
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY - EVP/CHIEF
FINANCIAL OFFICER
Name MURPHY, JOHN
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title VC
Name BIEBERBACH, WILLIAM H
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name ALEMAN, RALPH
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name LANGFORD, W. ALLEN
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name DE LUCCA, MICHAEL
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

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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: GEORGE SCHOLL

PRESIDENT/CEO

02/07/2018

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title TREASURER
Name MILLER, JEREMY
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name SUTTON, NORMA
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name COLEY, ANTONIO
Address 8669 COMMODITY CIRCLE
City-State-Zip: ORLANDO FL 32819