FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727731 (2)

1. Corporation Name

AMERICAN LEPTOSPIROSIS RESEARCH CONFERENCE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 70 NA AMES IA 50010 US	RUBY. KEVINA W 126 N. VINE ROLAND IA 50236 US

3. Date Incorporated or Qualified: **10/12/1973**
3a. Date of Last Report: **07/03/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **25-7541543** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBIN, HAVEY L. (DR)
2370 LYNDELL DR.
BOX 1836
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	11 TITLE	STD	☐ Change ☐ Addition
NAME	RUBY, KEVIN		12 NAME	Ruby, Kevin	
STREET ADDRESS	P. O. BOX 148		13 STREET ADDRESS	283 Ryan Cir.	
CITY-ST-ZIP	ROLAND IA		14 CITY-ST-ZIP	Roland, IA 50236	
TITLE	P	☐ DELETE	21 TITLE	P	☐ Change ☐ Addition
NAME	BOLI, CAROLE A		22 NAME	Bolin, Carole A	
STREET ADDRESS	P. O. BOX 7 NA		23 STREET ADDRESS	P.O. Box 7 NA	
CITY-ST-ZIP	AMES IA		24 CITY-ST-ZIP	Ames IA 50010	
TITLE	PD	☐ DELETE	31 TITLE	PD	☐ Change ☐ Addition
NAME	NEILSEN, JUDITY N		32 NAME	Neilsen, Judy N.	
STREET ADDRESS	PURDUE UNIVERSITY		33 STREET ADDRESS	Purdue University NA	
CITY-ST-ZIP	W. LAFAYETTE IN		34 CITY-ST-ZIP	W. Lafayette, IN.	
TITLE	P	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FRANTZ, JOSEPH		42 NAME		
STREET ADDRESS	3027 BROWNING		43 STREET ADDRESS		
CITY-ST-ZIP	LINEOLIN NE		44 CITY-ST-ZIP		
TITLE	P	☐ DELETE	51 TITLE	800001873258	☐ Change ☐ Addition
NAME	YELTON, DAVID		52 NAME	-06/24/96--01040--003	
STREET ADDRESS	35 BATES ROAD		53 STREET ADDRESS	***70.00	
CITY-ST-ZIP	MORGANTOWN WV		54 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	61 TITLE	VD	☐ Change ☐ Addition
NAME	GALE, PAM		62 NAME	Gale, Pam	
STREET ADDRESS	P. O. BOX 640		63 STREET ADDRESS	P.O. Box 640 NA	
CITY-ST-ZIP	LETHBRIDGE AL		64 CITY-ST-ZIP	Lethbridge AL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin W Ruby 29 APR 96 515-239-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)