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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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: **05/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 CVB-L	26 Ruby, Kevin W
Suite, Apt. #, etc. 22 13th a DAYTON Rd	Suite, Apt. #, etc. 27 233 RYAN CIR
City & State 23 AMES IA	City & State 28 AMES, IA
Zip / Country 24 50010 / 25 USA	Zip / Country 29 50010 / 30 USA

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	10. Name and Address of New Registered Agent
RUBIN, HAVEY L. (DR) 2370 LYNDELL DR. BOX 1836 KISSIMMEE FL 32741	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUBY, KEVIN		1.2 NAME		
STREET ADDRESS	233 RYAN CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROLAND IA 50236		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOLI, CAROLE A		2.2 NAME		
STREET ADDRESS	P. O. BOX 7 NA		2.3 STREET ADDRESS		
CITY-ST-ZIP	AMES IA 50010		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEILSEN, JUDITY N		3.2 NAME		
STREET ADDRESS	PURDUE UNIVERSITY N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	W. LAFAYETTE IN		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANTZ, JOSEPH		4.2 NAME		
STREET ADDRESS	3027 BROWNING		4.3 STREET ADDRESS		
CITY-ST-ZIP	LINEOLIN NE		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	YELTON, DAVID		5.2 NAME	DAVID ALT	
STREET ADDRESS	35 BATES ROAD		5.3 STREET ADDRESS	NADC	
CITY-ST-ZIP	MORGANTOWN WV		5.4 CITY-ST-ZIP	AMES IA 50010	
TITLE	VD	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	GALE, PAM		6.2 NAME	GALE, PAM	
STREET ADDRESS	P. O. BOX 640 N/A		6.3 STREET ADDRESS	P.O. Box 640 N/A	
CITY-ST-ZIP	LETHBRIDGE AL		6.4 CITY-ST-ZIP	Lethbridge AL	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] REQUIRED 28 APRIL 1997 575-33-9-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0080035