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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
CVB-L 13TH DAYTON RD AMES IA 50010 US	RUBY, KEVIN W 233 RYAN CIR AMES IA 50010 US

3. Date Incorporated or Qualified: 10/12/1973

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Leptospirosis Unit	26 David P. Alt
22 Suite, Apt. #, etc.	27 1120 3rd St.
23 City & State: Ames Iowa	28 City & State: Nevada Iowa
24 Zip: 50010 25 Country: USA	29 Zip: 50201 30 Country: USA

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	1.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	RUBY, KEVIN		1.2 NAME	Alt, David	
STREET ADDRESS	233 RYAN CIR		1.3 STREET ADDRESS	1120 3rd St.	
CITY-ST-ZIP	ROLAND IA 50236		1.4 CITY-ST-ZIP	Nevada, IA 50201	
TITLE	P	☒ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BOLI, CAROLE A		2.2 NAME	Betty Goletzyn-Thomas	
STREET ADDRESS	P. O. BOX 7 NA		2.3 STREET ADDRESS	P.O. Box 640 N/A	
CITY-ST-ZIP	AMES IA 50010		2.4 CITY-ST-ZIP	Lethbridge Alb T1J 3Z4 Canada	
TITLE	PD	☒ DELETE	3.1 TITLE	P/D	☐ Change ☒ Addition
NAME	NEILSEN, JUDITY N		3.2 NAME	David Haake	
STREET ADDRESS	PURDUE UNIVERSITY N/A		3.3 STREET ADDRESS	UCLA School of Medicine Div of Infus. Dis. W111F West LAVA Med Ctr.	
CITY-ST-ZIP	W. LAFAYETTE IN		3.4 CITY-ST-ZIP	Los Angeles, CA 90073	
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	LINEOLN NE		4.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALT, DAVID		5.2 NAME		
STREET ADDRESS	NADC		5.3 STREET ADDRESS		
CITY-ST-ZIP	AMES IA		5.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GALE, PAM		6.2 NAME		
STREET ADDRESS	P. O. BOX 640 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	LETHBRIDGE AL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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] DAVID ALT Apr. 21, 1998 515-239-8327