

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-12-2004 90034 033 ****70.00

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MOORE CR2E037 (11/03)

DOCUMENT # 727731 1. Entity Name AMERICAN LEPTOSPIROSIS RESEARCH CONFERENCE, INC.					
Principal Place of Business Dr. Yung-Fu Chang DEPT. OF POP. MED. & DIA. SCIENCES COLLEGE VETERINARY MED. CORNELL UNV. ITHACA NY 14853 US				Mailing Address DEPT. OF POP. MED. & DIA. SCIENCES COLLEGE VETERINARY MED. CORNELL UNV. ITHACA NY 14853 US	
2. Principal Place of Business Dr. Yung-Fu Chang Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 25-7541543	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RUBIN, HAVEY L. (DR) 2370 LYNDELL DR. BOX 1836 KISSIMMEE FL 32741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
B. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHANG, YUNG-FU CORNELL UNIVERSITY ITHACA NY 14853 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, BETTY G POB 640 LETHBRIDGE AL 50010 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAAKE, DAVID UCLA SCHOOL OF MEDICINE LOS ANGELES CA 90073 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Yung-Fu Chang</u> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					
Date Daytime Phone #					