200 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 727731

1. Entity Name
AMERICAN LEPTOSPIROSIS RESEARCH CONFERENCE, INC.

Principal Place of Business	Mailing Address
DEPT. OF POP. MED. & DIA. SCIENCES COLLEGE VETERINARY MED. CORNELL UNV. ITHACA, NY 14853 US	DEPT. OF POP. MED. & DIA. SCIENCES COLLEGE VETERINARY MED. CORNELL UNV. ITHACA, NY 14853 US

06062005 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	CHANG, YUNG-FU
STREET ADDRESS	CORNELL UNIVERSITY
CITY-ST-ZIP	ITHACA, NY 14853
TITLE	VD
NAME	THOMAS, BETTY G
STREET ADDRESS	POB 640
CITY-ST-ZIP	LETHBRIDGE, AL 50010
TITLE	PD
NAME	HAAKE, DAVID
STREET ADDRESS	UCLA SCHOOL OF MEDICINE
CITY-ST-ZIP	LOS ANGELES, CA 90073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/09/05-80003-009 70.00

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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: Yung Fu Chang 6-1-05 609-253-3695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #