

5-8-97 B- 6/21 -C
FILE NOW: FILING FEE IS \$61.25

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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 731370 (3)

1. Corporation Name

FERTILITY RESEARCH INSTITUTE INC.



Principal Place of Business

Mailing Address

4214 SWANN AVE
TAMPA FL 33609

4214 SWANN AVE
TAMPA FL 33609-4300

3. Date Incorporated or Qualified
12/12/1974

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1569211

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

BRUEMMER (JOSEPH H.)
4214 SWANN AVE.
TAMPA FL 33609

11 Name

12 Street Address (P.O. Box Number is Not Acceptable)

14 City

FL

15 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorized by the
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorized by the
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BRUEMMER, JOSEPH H.
STREET ADDRESS 4214 SWANN AVE.
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE D
NAME BRUEMMER, NANCY C.
STREET ADDRESS 4214 SWANN AVE.
CITY- ST- ZIP TAMPA FL

☐ DELETE

TITLE D
NAME CRUMLISH, HAZEL W.
STREET ADDRESS 1280 LAKE AVE.
CITY- ST- ZIP CRYSTAL LAKE IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13 TITLE
13 NAME
13 STREET ADDRESS
13 CITY- ST- ZIP

☐ Change ☐ Addition

2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY- ST- ZIP

☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY- ST- ZIP

☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY- ST- ZIP

☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY- ST- ZIP

☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for
information indicated on this annual report or supplemental annual report is true and
I am an officer or director of the corporation or the receiver or trustee empowered
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047637

CR2E037 (9/96)