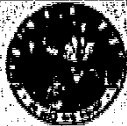


RECORDS OFFICE: CORPORATIONS WILL BE DISCLOSED 30 DAYS AFTER DEPOSIT OF ANNUAL REPORT
ANNUAL REPORT DUE ON OR BEFORE 5:00 PM, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

95 JUL -3 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740171

(4)

1. Corporation Name

ALLERGY-IMMUNOLOGY RESEARCH FOUNDATION OF ORLANDO, INC.

Principal Place of Business

Mailing Address

303 E. PAR STREET
ORLANDO FL 32804

303 E. PAR STREET
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1977

3a. Date of Last Report

10/31/1994

4. FEI Number

59-1789066

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23

28

24

29

30

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ FILING FEE IS
\$61.25

8. This corporation has liability for stamp duty under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDBLOM, GRACE C.
303 E. PAR STREET
ORLANDO FL 32804

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 617.1506, 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 of Registered Agent (Print Name of Registered Agent and Title if applicable)

DATE Registered Agent Signature required when registering

DATE

12 OFFICERS AND DIRECTORS

13 ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KLOTZ, SOLOMON D.
STREET ADDRESS	3208 MIDDLESEX
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	MCSWAIN, IRVIN
STREET ADDRESS	2255 SMILEY AVE.
CITY, ST, ZIP	WINTER PARK FL
TITLE	D
NAME	LINDBLOM, GRACE C.
STREET ADDRESS	1000 LAKE ADAIR
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILE OR DIRECTOR

6/27/95

407 644 1111