

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90073 003 ****61.25

DOCUMENT # N03000006227 1. Entity Name HUMAN ADJUVANT DISEASE CORP.					
Principal Place of Business 808 LINDSEY PLACE LAKE WALES, FL 33853			Mailing Address 808 LINDSEY PLACE LAKE WALES, FL 33853		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0112368	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JONES, PAMELA J M.D. 808 LINDSEY PLACE LAKE WALES, FL 33853				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P JONES, PAMELA J M.D. 808 LINDSEY PLACE LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Pamela Jones, M.D. 808 Lindsey Place Lake Wales, FL, 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOLB, SUSAN M.D. 4370 GEORGETOWN SQ ATLANTA, GA 30338	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Susan Kolb, MD 4370 Georgetown Sq Atlanta, GA, 30338	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO YATES, KEVIN D MBA 220 WYANDOTTE ST. LANCASTER, OH 43130	<input type="checkbox"/> Delete (Same)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Leroy McFeeters 1207 Meadows Dr. #24 Lake Charles, Louisiana, 70611-4945	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JONES, PAMELA J M.D. 808 LINDSEY PLACE LAKE WALES, FL 33853	<input type="checkbox"/> Delete (Same)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. (of Research and Development) Frank Apantaku, M.D. 2222 W. Division St. Chicago, Illinois, 60622	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD APANTAKU, FRANK M.D. 2222 W. DIVISION ST. CHICAGO, IL 60622	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. (of Research and Development) Frank Apantaku, M.D. 2222 W. Division St. Chicago, Illinois, 60622	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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>Dr. Pamela J. Jones</u> <u>Dr. Pamela J. Jones</u> <u>7/21/04</u> <u>863 679-5829</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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