

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 15 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



06142006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0112368

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JONES, PAMELA J M.D.  
808 LINDSEY PLACE  
LAKE WALES, FL 33853

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

00079940873  
03/19/06--01018--006 \*\*61.25

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	JONES, MD, PAMELA
STREET ADDRESS	808 LINDSEY PLACE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VC
NAME	KOLB, SUSAN M.D.
STREET ADDRESS	4370 GEORGETOWN SQ
CITY-ST-ZIP	ATLANTA, GA 30338
TITLE	CFO
NAME	YATES, KEVIN D MBA
STREET ADDRESS	220 WYANDOTTE ST.
CITY-ST-ZIP	LANCASTER, OH 43130
TITLE	CEO
NAME	JONES, PAMELA J M.D.
STREET ADDRESS	808 LINDSEY PLACE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	SEC
NAME	MCFEETERS, LEROY
STREET ADDRESS	1207 MEADOWS DR. #24
CITY-ST-ZIP	LAKE CHARLES, LA 70611
TITLE	D
NAME	APANTAKU, FRANK M.D.
STREET ADDRESS	2222 W. DIVISION ST.
CITY-ST-ZIP	CHICAGO, IL 60622

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Pamela J. Jones, Pamela J. Jones, April 30, 2006, 8633978087*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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