


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90184 005 ****70.00

DOCUMENT # N04224 1. Entity Name THE ARTHRITIS RESEARCH INSTITUTE OF AMERICA, INC.					
Principal Place of Business 300 S DUNCAN AVE #188 CLEARWATER, FL 33755				Mailing Address 300 S DUNCAN AVE #188 CLEARWATER, FL 33755	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2438325	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEW, MICHELE B 300 S. DUNCAN AVE., STE. 188 CLEARWATER, FL 33755				7. Name and Address of New Registered Agent Name Frances V. Wilder, PhD Street Address (P.O. Box Number is Not Acceptable) 300 S. Duncan Avenue, Ste. 188 City Clearwater FL Zip Code 33755	
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 May 1, 2007		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	PD BARRETT, JOHN P JR 300 S DUNCAN AVE STE 188 CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Edward J. Farina 300 S. Duncan Avenue #188 Clearwater, FL 33755
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BROWN, PETER R 300 S DUNCAN AVE STE 188 CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Mark F. Rhein 300 S. Duncan Avenue #188 Clearwater, FL 33755
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULOCK, DAVE 300 S DUNCAN AVE #188 CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD DEW, MICHELE B 300 S DUNCAN AVE #188 CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLETT, SCOTT 300 S DUNCAN AVE #188 CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BABB, JOHN 300 S DUNCAN AVE #188 CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Frances V. Wilder</u> <u>Frances V. Wilder</u> <u>4-11-07</u> <u>727-461-4054</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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