

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010181

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** FOUNDATION FOR THE CONTROL AND PREVENTION OF INFECTIOUS DISEASE INC.

**Current Principal Place of Business:**

18939 AVENUE BIARRITZ  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

18939 AVENUE BIARRITZ  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 20-5690716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FROST, JAMES T  
18939 AVENUE BIARRITZ  
LUTZ, FL 33558 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FROST, JAMES T  
Address: 18939 AVENUE BIARRITZ  
City-St-Zip: LUTZ, FL 33558

Title: TD  
Name: SCHULZE, STEPHEN D  
Address: 1402 PINE NEEDLES LANE  
City-St-Zip: LEXINGTON, KY 40513

Title: SD  
Name: FROST, DONNA M  
Address: 18939 AVENUE BIARRITZ  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES T. FROST

PD

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date