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May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002362 (1)

1. Corporation Name

VACCINES WITHOUT FRONTIER, INC.



Principal Place of Business

Mailing Address

111 E. MADISON ST.  
SUITE 2400  
TAMPA FL 33602

111 E. MADISON ST.  
SUITE 2400  
TAMPA FL 33602-4706

3. Date Incorporated or Qualified  
05/06/1994

3a. Date of Last Report  
02/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3241923

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIERLEY, JOHN C  
111 E. MADISON ST.  
SUITE 2400  
TAMPA FL 33602

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 617.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CHEDID, DR  
STREET ADDRESS 2424 TAMPA BAY BLVD. APT. C-203  
CITY-ST-ZIP TAMPA FL 33607

☐ DELETE

TITLE VD  
NAME BERGER, FRANK M. DR  
STREET ADDRESS 190 E. 72ND ST.  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE STD  
NAME AUDIBERT, FRANCOISE DR.  
STREET ADDRESS 22 RUE EMERIAU  
CITY-ST-ZIP 75015 PARIS FR

☐ DELETE

TITLE SD  
NAME BIERLEY, JOHN C A-SECRE  
STREET ADDRESS 111 E MADISON ST. #2400  
CITY-ST-ZIP TAMPA FL 33602

☐ DELETE

TITLE D  
NAME CEUZIN, PAUL A  
STREET ADDRESS 38 AVENUE D'ILENA  
CITY-ST-ZIP 75016 PARIS, FRANCE

☐ DELETE

TITLE D  
NAME ROUSSEL, OLIVIER  
STREET ADDRESS 12 VILLA SAID  
CITY-ST-ZIP 75116 PARIS, FRANCE

☐ DELETE

11 TITLE ☐ Change ☐ Addition

12 NAME

1B STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

2B STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

3B STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

4B STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

5B STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

6B STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 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 receiver 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]*

06/25/1997

CP2E037 (9/96)