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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006179 (2)**

1. Corporation Name

PARATUBERCULOSIS AGGRESSIVE RESEARCH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**11724 PRIMROSE LANE
TEMPLE TERRACE FL 33637**

**P. O. BOX 16219
TEMPLE TERRACE FL 33687-6219**



3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

59-3479344

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEYER, KAREN
11724 PRIMROSE LANE
TEMPLE TERRACE FL 33637**

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 *Karen E. Meyer - President*

4/20/98

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 **D** ☐ DELETE

NAME **MEYER, KAREN E**
STREET ADDRESS **11724 PRIMROSE LANE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **D** ☒ DELETE

NAME **MEYER, MARSHALL D**
STREET ADDRESS **11724 PRIMROSE LANE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **D** ☒ DELETE

NAME **MEYER, JOSHUA**
STREET ADDRESS **11724 PRIMROSE LANE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR ☐ Change ☒ Addition

CHERYL A. MILLER
800 COUNTRY CREEK DR.
FINDLAY, OHIO 45840

DIRECTOR ☐ Change ☒ Addition

STEPHEN MERKEL
380 OAKMOOR
BAY VILLAGE, OHIO 44140

DIRECTOR ☐ Change ☒ Addition

ALAN KENNEDY
55 GROVE PARK DR.
GLASNEVIN
DUBLIN 11
REPUBLIC OF IRELAND

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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 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: *Karen E. Meyer / KAREN E. MEYER* **4/20/98 (813)**

CR2E037 (10/97)