2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006179

1. Entity Name
PARATUBERCULOSIS AWARENESS & 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

DO NOT WRITE IN THIS SPACE

04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3479344

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEYER, KAREN
11724 PRIMROSE LANE
TEMPLE TERRACE, FL 33637

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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: _____ DATE
Signature, typed or printed name of registered agent and date required. (NOTE: Registered Agent's signature required when changing)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MEYER, KAREN E
STREET ADDRESS	11724 PRIMROSE LANE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE	D
NAME	MILLER, CHERYL A.
STREET ADDRESS	800 COUNTRY CREEK DR
CITY-ST-ZIP	FINDLAY, OH 45840
TITLE	D
NAME	MERKEL, STEPHEN
STREET ADDRESS	380 OAKMOOR
CITY ST ZIP	BAY VILLAGE, OH 44140
TITLE	D
NAME	KENNEDY, ALAN
STREET ADDRESS	55 GROVE PARK DR
CITY ST ZIP	GLASNEVIN, DU
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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05/04/04-80008-013 61.25

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12. 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 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: Karen Meyer 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date