


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000006179 1. Entity Name PARATUBERCULOSIS AWARENESS & RESEARCH ASSOCIATION, INC.	
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Principal Place of Business 11724 PRIMROSE LANE TEMPLE TERRACE, FL 33637	Mailing Address P. O. BOX 16219 TEMPLE TERRACE, FL 33687-6219
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3479344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	U00000725822 05/03/07-80038-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEYER, KAREN E 11724 PRIMROSE LANE TEMPLE TERRACE, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CHERYL A. 800 COUNTRY CREEK DR FINDLAY, OH 45840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERKEL, STEPHEN 380 OAKMOOR BAY VILLAGE, OH 44140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, ALAN 55 GROVE PARK DR GLASNEVIN, DU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Karen E. Meyer* **4/20/07** **813-989-9539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KAREN E. MEYER