

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006179

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** PARATUBERCULOSIS AWARENESS & RESEARCH ASSOCIATION, INC.

**Current Principal Place of Business:**

11724 PRIMROSE LANE  
TEMPLE TERRACE, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 16219  
TEMPLE TERRACE, FL 336876219

**New Mailing Address:**

**FEI Number:** 59-3479344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEYER, KAREN  
11724 PRIMROSE LANE  
TEMPLE TERRACE, FL 33637 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: PTD  
Name: MEYER, KAREN E  
Address: 11724 PRIMROSE LANE  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: D  
Name: MILLER, CHERYL A.  
Address: 8817 WESTWARD WAY  
City-St-Zip: POWELL, OH 43065

Title: D  
Name: MERKEL, STEPHEN  
Address: 380 OAKMOOR  
City-St-Zip: BAY VILLAGE, OH 44140

Title: D  
Name: KENNEDY, ALAN  
Address: 55 GROVE PARK DR  
City-St-Zip: GLASNEVIN, DU

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: KAREN MEYER

PTD

04/22/2012

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

\_\_\_\_\_  
Date