

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90013 008 ****61.25

DOCUMENT # N99000000097

1. Entity Name

ASPEN SKUNK RABIES RESEARCH, INC.



Principal Place of Business

~~8306 MILLS DRIVE~~ 5200 NW 43 St.
PMB 177 #102-333
MIAMI, FL 33183 Gainesville, FL 32615

Mailing Address

~~8306 MILLS DRIVE~~ 5200 NW 43 St.
PMB 177 #102-333
MIAMI, FL 33183 Gainesville, FL 32615

50064643



06292005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0903919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDRICKS, JANE E

~~8306 MILLS DRIVE~~ 5200 NW 43 Street
PMB 177 suite 102-333
MIAMI, FL 33183 Gainesville, FL 32615

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IN THIS SPACE**

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

Jane E Hendricks

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

(NOTE: Registered Agent signature required when reinstating)

8-30-05

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENDRICKS, JANE
STREET ADDRESS ~~8306 MILLS DR. #177~~ 5200 NW 43 Street
CITY-ST-ZIP MIAMI FL 33183 suite 102-333
Gainesville, FL 32615

TITLE D
NAME BLANTON, GIGI
STREET ADDRESS 141 ROUNDTREE RD.
CITY-ST-ZIP NORTH AUGUSTA, SC 29841

TITLE VPD
NAME CURRY, MERCEDES
STREET ADDRESS 1056 PINE RIDGE RD.
CITY-ST-ZIP LAURENS, SC 29360

TITLE SD
NAME MAMMONE, KINDRA
STREET ADDRESS ~~8306 MILLS DR. #177~~ 5200 NW 43 St.
CITY-ST-ZIP MIAMI FL 33183 suite 102-333
Gainesville, FL 32615

TITLE
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CITY-ST-ZIP

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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:

Jane E Hendricks President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-05

Date

386-418-1111

Daytime Phone #