

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DEPARTMENT OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03918**

1. Corporation Name

CHELATION RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

1574 URBANA AVE
POB 5187
DELTONA FL 32728-5187

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POB 5187
DELTONA FL 32728-5187

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1984

3a. Date of Last Report

08/12/1994

4. FBI Number

52-1335450

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. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental

Tax Exempt Status

☒

Fee Not Required

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODA, JOEL D
605 75TH AVENUE
ST. PETERSBURG BEACH FL 33706

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 PD
NAME LAZUR, WILLIAM J
STREET ADDRESS 1568 URBANA AVE.
CITY-ST-ZIP DELTONA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME JULIAN, JAMES M.D.
STREET ADDRESS JULIAN MEDICAL BUILDING
CITY-ST-ZIP HOLLYWOOD CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GIULIANI, EVARISTO
STREET ADDRESS JULIAN MEDICAL BLDG.
CITY-ST-ZIP HOLLYWOOD CA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Lazur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
Date

904-789-6918
Daytime Phone #

008144