

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000558

**Entity Name:** LAHSER INTERSPECIES RESEARCH FOUNDATION, INC.**Current Principal Place of Business:**3770 LAHSER RD  
BLOOMFIELD HILLS, MI 48302**Current Mailing Address:**3770 LAHSER RD  
BLOOMFIELD HILLS, MI 48302**FEI Number: 36-4542343****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KARLENE, DAVID  
8241 MAIN ST  
BOKEELIA, FL 33922 US*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**Officer/Director Detail :**

|                 |                           |
|-----------------|---------------------------|
| Title           | PVC                       |
| Name            | KARLENE, SCOTT B MD       |
| Address         | 3770 LAHSER RD            |
| City-State-Zip: | BLOOMFIELD HILLS MI 48302 |

|                 |                           |
|-----------------|---------------------------|
| Title           | VPC                       |
| Name            | GAFFNEY, KEVIN J MD       |
| Address         | 3770 LAHSER RD            |
| City-State-Zip: | BLOOMFIELD HILLS MI 48302 |

|                 |                           |
|-----------------|---------------------------|
| Title           | SD                        |
| Name            | ESHKANIAN, GLORIA         |
| Address         | 3770 LAHSER RD            |
| City-State-Zip: | BLOOMFIELD HILLS MI 48302 |

|                 |                   |
|-----------------|-------------------|
| Title           | TD                |
| Name            | KARLENE, DAVID    |
| Address         | 8241 MAIN ST      |
| City-State-Zip: | BOKEELIA FL 33922 |

*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: DAVID KARLENE****TREASURER****01/11/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date