A CHARTERED AFFILIATE OF THE NATIONAL FEDERATION OF REPUBLICAN ASSEMBLIES
Address: P.O. Box 194, Ormond Beach, Florida 32175 | Office: (321) 228-2800 or (386) 871-1533
Website: www.FloridaRepublicanAssembly.com

RESOLUTION: BANNING MRNA BIOLOGICAL AGENTS, EXPOSING OPERATION WARP SPEED DECEPTION, AND RESTORING PUBLIC

The Florida Republican Assembly (FRA), standing firm as the conscience of the Republican Party and the defender of constitutional liberty, hereby declares that truth, accountability, and the protection of human life must take precedence over political expedience, corporate greed, or government deception.

As patriots dedicated to safeguarding the people of Florida and the United States, we confront the grave threat posed by experimental mRNA biological agents, the documented failures and misrepresentations of Operation Warp Speed, and the betrayal of public trust that has eroded confidence in our institutions.

This resolution serves as both a mission statement and a rallying call: to ban dangerous mRNA biological agents, to expose the deception that misled our leaders and endangered our citizens, and to restore the integrity of public health, medical freedom, and constitutional governance for future generations of Americans.

WHEREAS, the Florida Republican Assembly (FRA) stands as the voice of Judeo-Christian Constitutional Conservatives committed to truth, liberty, and the protection of the American people; and

WHEREAS, public records confirm that the SARS-CoV family of viruses originated from unlawful **gain-of-function bioweapons research** at the University of North Carolina–Chapel Hill, funded by Anthony Fauci's NIAID, in direct violation of the 2014 federal moratorium using the Wuhan Institute of Virology coronavirus 1 in the United States under the DARPA Bioweapons Enabling Technology Program at Chapel Hill; and

WHEREAS, in 2015 the Proceedings of the National Academy of Sciences published evidence proving that the Wuhan Institute of Virology pathogen model had been weaponized for human infection and "poised for human emergence" in 2016; and

WHEREAS, the World Council for Health Florida has declared mRNA nanoparticle injections as *biological and technological weapons of mass destruction*, becoming the first such organization to endorse the Sansone mRNA Bioweapons Prohibition Act; and

WHEREAS, Dr. David Martin, a biomedical analyst and patent commentator, has documented thousands of patents related to pathogens as evidence of a coordinated bioweapons effort, and, along with collaborating scientists, has asserted that COVID-19 mRNA injections are not vaccines but qualify as biological weapons; and

WHEREAS, these injections are classified by the FDA and disclosed as "gene therapies" by both Moderna and Pfizer in their filings with the Securities and Exchange Commission and, alleged by some experts to alter the human genome or constitute "gene therapy," with Florida Surgeon General Dr. Joseph Ladapo calling for a halt due to DNA-integration concerns—even while major regulators deny such risks; and

WHEREAS, on September 18, 2019, the World Health Organization's Global Preparedness Monitoring Board declared that a "quickly spreading lethal respiratory pathogen" would be unleashed to justify a universal vaccine mandate by September 2020; and

WHEREAS, the very next day, September 19, 2019, President Donald J. Trump — misled by then-HHS Secretary Alex Azar — signed an Executive Order modernizing influenza vaccine platforms (including genetic vectors), laying the groundwork for **Operation Warp Speed**; and

WHEREAS, the clinical trials for COVID-19 injections were deliberately designed to misclassify deaths and injuries after the first dose as occurring in the "unvaccinated," concealing vaccine harm and misleading both the President and the public; and

WHEREAS, the FDA's 2018 guidance on vaccine safety was ignored, the definition of "vaccination" was altered, and pharmaceutical executives admitted their goal was not public health but to **"sustain the funding base beyond the crisis"** and use media hype to secure investor profit; and

WHEREAS, federal oversight bodies later confirmed that CDC-manufactured PCR test kits distributed in early 2020 were contaminated and poorly designed, producing false positives and delaying the response; and

WHEREAS, PCR testing is limited in determining infectiousness, as cycle-threshold (Ct) values cannot reliably prove contagiousness — a fact acknowledged by Dr. Anthony Fauci in 2020 — with PCR's own inventor Kary Mullis affirming that the test cannot distinguish between influenza, the common cold, or other viral illnesses; and

WHEREAS, pharmaceutical countermeasures such as Remdesivir were in development before January 2020 and had been used with 53% mortality in clinical trials on Ebola in Africa leading to the WHO determining that it was too lethal for ethical use, and the Public Readiness and Emergency Preparedness (PREP) Act declaration of February 4, 2020, extended sweeping liability protections to manufacturers of COVID-19 countermeasures; and

WHEREAS, many state attorneys general have failed to pursue investigations into pandemic-related misconduct, while others such as Texas and Kansas have filed lawsuits; in Florida, a statewide grand jury declined to find criminal activity related to COVID-19 vaccines, despite barring doctors and scientists from serving, undermining transparency and public trust; and

WHEREAS, pharmaceutical corporations exert outsized influence on public policy through lobbying, campaign donations, and advertising — accounting for roughly 13% of U.S. linear TV ad spend in 2025 — while the United States remains one of only two nations that permit direct-to-consumer prescription drug advertising; and

WHEREAS, public trust in health authorities and pharmaceutical companies has collapsed, with recent KFF polling showing trust in pharmaceutical companies as vaccine information sources at barely half of the population; and

WHEREAS, newly published peer-reviewed studies present compelling evidence supporting the immediate market withdrawal of COVID-19 injections, citing:

- Vaccine-attributed deaths reported to VAERS are estimated to be underreported by 90% or more, thereby indicating that the actual number of such deaths may exceed the reported figures by more than tenfold;
- Twelve independent studies linking mass vaccination campaigns to increased excess mortality, with autopsies confirming causal connections;
- Evidence of *negative efficacy*, with vaccinated individuals facing up to a 253% higher risk of infection after multiple doses;
- DNA contamination in vaccine batches far exceeding FDA and EMA safety limits;
- Historical precedent in which past vaccines were withdrawn after as few as ten deaths, compared to over 37,000 deaths now reported to VAERS globally **which according to past data is usually underreported by a factor of about 40X** ; and
- No large-scale, placebo-controlled trials demonstrating reductions in infection, hospitalization, or death attributable to these products; and

WHEREAS, the continued administration of COVID-19 vaccines violates the Hippocratic Oath to "do no harm" and represents an ongoing breach of medical ethics and public trust; and

WHEREAS, based on clear and compelling evidence, the Florida Republican Assembly demands a permanent ban on mRNA biological agents, gain-of-function research on any pathogen or toxic agent, and an immediate halt to pharmaceutical influence over state policy;

THEREFORE, BE IT RESOLVED, that the Florida Republican Assembly demands:

1. **Full disclosure and release of records** from Pfizer, Moderna, NIH, FDA, UNC Chapel Hill, and all government agencies involved in Operation Warp Speed and gain-of-function research;
2. **Criminal investigations and prosecutions** of those who engaged in unlawful gain-of-function experiments, deceptive clinical trials, and crimes against humanity;
3. **An immediate suspension and permanent ban** on the deployment of mRNA, DNA, or other experimental biological agents upon the American people;
4. **Prohibition of pharmaceutical corporations and lobbyists** from exerting undue influence over Florida's health policies, legislation, or public institutions;
5. **Legislation rejecting pharmaceutical campaign donations** and supporting a federal ban on direct-to-consumer pharmaceutical advertising, restoring integrity to health communications;
6. **A full investigation by the Florida Attorney General** into the rollout of COVID-19 vaccines and treatments, federal emergency declarations, and corporate or political misconduct;
7. **Independent state oversight**, free from corporate capture, to safeguard the health, rights, and liberties of Floridians; and
8. **Restitution and justice** for citizens harmed by unlawful and deceptive medical practices.

BE IT FURTHER RESOLVED, that the Florida Republican Assembly declares the COVID-19 "vaccination" program to have been a **profiteering bioweapons operation**, designed to destabilize America and enrich globalist interests, and calls upon leaders at every level of government to restore truth, transparency, and justice to the American people.

BE IT FURTHER RESOLVED, that a certified copy of this resolution shall be transmitted to the Honorable Ron DeSantis, Governor of the State of Florida; the Honorable Speaker of the Florida House of Representatives; and the Honorable President of the Florida Senate, for their official review, consideration, and further legislative action consistent herewith.

ADOPTED this 11th day of September 2025.

WITNESS, our hand and seal, verifying the foregoing resolution as duly adopted by unanimous vote, this 11th day of September, in the Year of Our Lord 2025.

Very truly yours,

Peter Kouracos

Peter Kouracos
Chairman of the Board of Directors
Florida Republican Assembly

Attest:

Pastor Eric Allen

Pastor Eric Allen
Acting Deputy Secretary

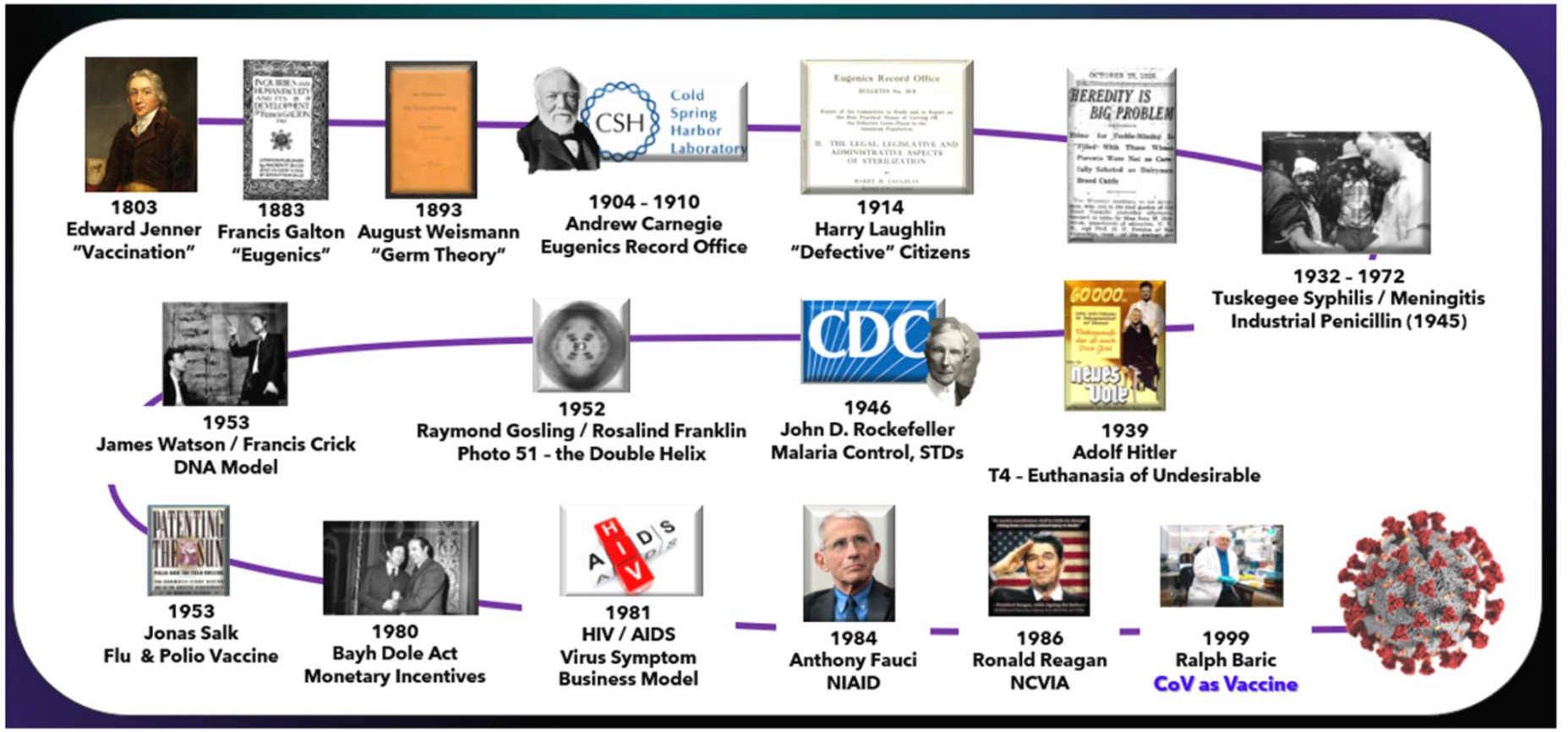
Lou Marin

Lou Marin
Executive Vice President

The Juggernaut of Chemists…funded by war

- Merck - 1668 (WWII military penicillin carte member)
- GlaxoSmithKlineBeecham – 1715
- Pfizer – 1849 (wartime supplier & WWII military penicillin cartel member)
- BristolMyersSquibb – 1858 (wartime supplier & WWII military penicillin cartel member)
- Eli Lilly – 1876 (breakthrough with insulin)

Who Should Live and Die

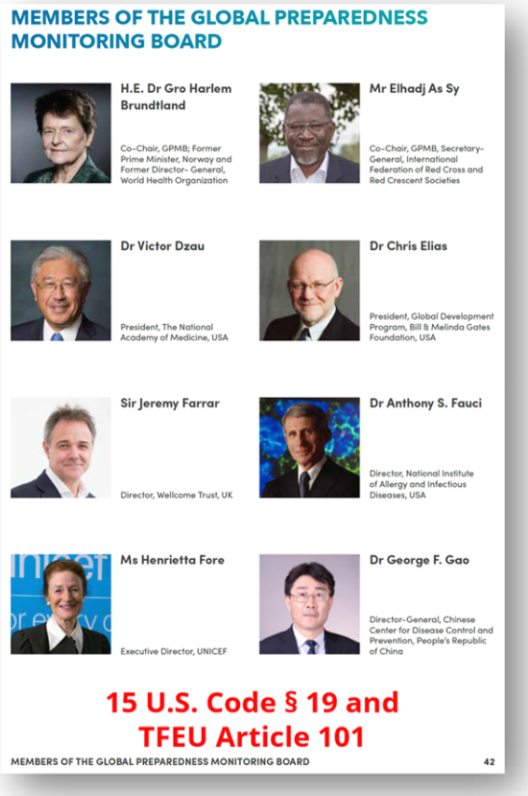



Same Formula – Fear over Liberty
"Return" to the World
Virus or Toxin
Mask Distance Isolate
Alchemy Of "Public Health"
Population Control
Fear & Control
Gene Therapy
plague doctor

The Criminal Cartel of W.H.O.

PLAN IT

CREATE IT



MEMBERS OF THE GLOBAL PREPAREDNESS MONITORING BOARD

H.E. Dr Gro Harlem Brundtland

Co-Chair, GPMB; Former Prime Minister, Norway and Former Director- General, World Health Organization

Mr Elhadj As Sy

Co-Chair, GPMB, Secretary-General, International Federation of Red Cross and Red Crescent Societies

Dr Victor Dzau

President, The National Academy of Medicine, USA

Dr Chris Elias

President, Global Development Program, Bill & Melinda Gates Foundation, USA

Sir Jeremy Farrar

Director, Wellcome Trust, UK

Dr Anthony S. Fauci

Director, National Institute of Allergy and Infectious Diseases, USA

Ms Henrietta Fore

Executive Director, UNICEF

Dr George F. Gao

Director-General, Chinese Center for Disease Control and Prevention, People's Republic of China

15 U.S. Code § 19 and TFEU Article 101

MEMBERS OF THE GLOBAL PREPAREDNESS MONITORING BOARD 42

FUND IT

DEPLOY & PROFIT FROM IT

PLAN IT!
Secure Liability Shield for Acts that Kill

1913

1924

1994

- 1910 – Carnegie funded Flexner Report
- 1916 – Rockefeller funds and founds Johns Hopkins University of Public Health and vaccine program
- 1920's – injectable insulin
- 1930's – digoxin
- 1941 – Therapeutic Research Corporation in response to the Therapeutic Substances Act (and Wellcome heads the National Institute for Medical Research)
- 1947 – WHO founded by Dr. René Sand (Dachau prisoner of the Nazis funded by the Rockefeller Foundation)
- 1950 – WHO TB vaccine campaign launched (funded in part by the Rockefeller Foundation)
- 1952 – WHO D.G. Brock Chisholm advocates for "population control" as a WHO priority
- 1955 – WHO Malaria vaccine program started
- 1955 – Burroughs Wellcome Fund established in the U.S.
- 1967 – WHO Smallpox eradication program launched
- 1974 – Essential Program on Immunization launched
- 1988 – WHO launches Polio eradication program
- 2006 – WHO launches HPV campaign
- 2011 – Decade of Vaccines solidifies GF and GAVI as global lead
- 2023 – Gates Foundation provides 88% of WHO donations (along with Bloomberg, Wellcome, and Rockefeller)

Wellcome, PATH, Gates Murder for Malaria Vaccine

Table 2. Serious Adverse Events in Infants 6 to 12 Weeks of Age at Enrollment during 14 Months after the First Dose of Vaccine (Intention-to-Treat Population).

Variable	RTS,S/AS01 Vaccine (N=4358)		Control Vaccine (N=2179)	
	No. of Infants	% (95% CI)	No. of Infants	% (95% CI)
Serious events in all infants				
≥1 Serious adverse event	782	17.9 (16.8–19.1)	419	19.2 (17.6–20.9)
≥1 Serious adverse event, excluding malaria	760	17.4 (16.3–18.6)	407	18.7 (17.1–20.4)
≥1 Fatal serious adverse event*	66	1.5 (1.2–1.9)	28	1.3 (0.9–1.9)
≥1 Serious adverse event related to vaccine	4	0.1 (0.0–0.2)	3	0.1 (0.0–0.4)
≥1 Serious adverse event within 30 days after vaccination	192	4.4 (3.8–5.1)	96	4.4 (3.6–5.4)
Events with an incidence ≥0.5%†				
Pneumonia			152	7.0 (5.9–8.1)
Gastroenteritis		6.0 (5.3–6.7)	139	6.4 (5.4–7.5)
	184	4.2 (3.6–4.9)	115	5.3 (4.4–6.3)
	90	2.1 (1.7–2.5)	58	2.7 (2.0–3.4)
Febrile convulsion	82	1.9 (1.5–2.3)	46	2.1 (1.5–2.8)
Bronchiolitis	28	0.6 (0.4–0.9)	21	1.0 (0.6–1.5)
Convulsion	41	0.9 (0.7–1.3)	19	0.9 (0.5–1.4)
Bronchopneumonia	35	0.8 (0.6–1.1)	20	0.9 (0.6–1.4)
Upper respiratory tract infection	36	0.8 (0.6–1.1)	19	0.9 (0.5–1.4)
Salmonella sepsis	26	0.6 (0.4–0.9)	16	0.7 (0.4–1.2)
Malnutrition	29	0.7 (0.4–1.0)	7	0.3 (0.1–0.7)
Sepsis	26	0.6 (0.4–0.9)	10	0.5 (0.2–0.8)
HIV infection‡	27	0.6 (0.4–0.9)	9	0.4 (0.2–0.8)
Enteritis	11	0.3 (0.1–0.5)	12	0.6 (0.3–1.0)
Urinary tract infection	16	0.4 (0.2–0.6)	10	0.5 (0.2–0.8)
Measles	20	0.5 (0.3–0.7)	7	0.3 (0.1–0.7)
Pyrexia	15	0.3 (0.2–0.6)	11	0.5 (0.3–0.9)

* More than one fatal serious adverse event could be attributed to a single infant if there was more than one underlying cause of death (e.g., meningitis and sepsis).
† Events are listed according to the preferred terms in the *Medical Dictionary for Regulatory Activities*.
‡ HIV denotes human immunodeficiency virus.

≥1 Fatal serious adverse event* 66 1.5 (1.2–1.9) 28 1.3 (0.9–1.9)

First Results of Phase 3 Trial of RTS,S/AS01 Malaria Vaccine in African Children, 365 N. ENGL. J. MED 1863 (Nov. 17, 2011).

Article V – Representatives of Members

Section 13

Representatives of members at meetings convened by a specialized agency shall, while exercising their functions and during their journeys to and from the place of meeting, enjoy the following privileges and immunities:

(*a*) Immunity from personal arrest or detention and from seizure of their personal baggage, and in respect of words spoken or written and all acts done by them in their official capacity, immunity from legal process of every kind;

FUND IT!

To <u>sustain the funding base</u> beyond the crisis we need to increase public understanding of the need for MCMs (medical countermeasures) such as a pan-influenza or *pan-coronavirus vaccine*. ***<u>A key driver is the media, and the economics follow the hype</u>***. *We need to use that hype to our advantage to get to the real issues.* ***Investors will respond if they see profit at the end of process'.***

- *Peter Daszak, National Academy of Science March 2015*

<u>Developing MCMs for Coronaviruses - Rapid Medical Countermeasure Response to Infectious Diseases - NCBI Bookshelf (nih.gov)</u>.

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

National Institutes of Health
National Institute of Allergy
and Infectious Diseases
Bethesda, Maryland 20892

October 21, 2014

Ms. Sherrie Settle
Director, Proposal Management
University of North Carolina at Chapel Hill
Office of Sponsored Research
Administrative Office Bldg, Suite 2200
104 Airport Drive #1350
Chapel Hill, NC 27599-1350

RE: 5U19 AI107810-02

Dear Ms. Settle:

NIAID has determined that the above referenced grant may include Gain of Function (GoF) research that is subject to the recently-announced U.S. Government funding pause (http://www.phe.gov/s3/dualuse/Documents/gain-of-function.pdf), issued on October 17, 2014. The following specific aims appear to involve research covered under the pause:

Project 1: Role of Uncharacterized Genes in High Pathogenic Human Coronavirus Infection - Ralph S. Baric, PhD- Project Leader

- Specific Aim 2. Novel functions in virus replication in vitro.
- Specific Aim 3. Novel functions in virus pathogenesis in vivo.

Project 2: Determining the functions of novel genes for Influenza A and Ebola viruses (EBOV) - Yoshihiro Kawaoka, PhD- Project Leader

- Specific Aim 2. To determine the significance of uncharacterized IAV and EBOV genes in viral replication.
- Specific Aim 3. To determine the significance of uncharacterized IAV and EBOV genes in virus pathogenicity.

As your grant is currently funded, this pause is voluntary. Organizations conducting GoF research supported by the NIH have an opportunity to transition the applicable research to research that is not covered by the funding pause; halt the applicable GoF research until the outcome of the deliberative process is known; or continue to conduct the applicable GoF research until the end of the currently active budget period.

Comparative Study > Proc Natl Acad Sci U S A. 2016 Mar 15;113(11):3048-53.
doi: 10.1073/pnas.1517719113. Epub 2016 Mar 14.

SARS-like WIV1-CoV poised for human emergence

Vineet D Menachery [1], Boyd L Yount Jr [1], Amy C Sims [1], Kari Debbink [2], Sudhakar S Agnihothram [3], Lisa E Gralinski [1], Rachel L Graham [1], Trevor Scobey [1], Jessica A Plante [1], Scott R Royal [1], Jesica Swanstrom [1], Timothy P Sheahan [1], Raymond J Pickles [4], Davide Corti [5], Scott H Randell [6], Antonio Lanzavecchia [7], Wayne A Marasco [8], Ralph S Baric [9]

Affiliations + expand

PMID: 26976607 PMCID: PMC4801244 DOI: 10.1073/pnas.1517719113
Free PMC article

Abstract

Outbreaks from zoonotic sources represent a threat to both human disease as well as the global economy. Despite a wealth of metagenomics studies, methods to leverage these datasets to identify future threats are underdeveloped. In this study, we describe an approach that combines existing metagenomics data with reverse genetics to engineer reagents to evaluate emergence and pathogenic potential of circulating zoonotic viruses. Focusing on the severe acute respiratory syndrome (SARS)-like viruses, the results indicate that the WIV1-coronavirus (CoV) cluster has the ability to directly infect and may undergo limited transmission in human populations. However, in vivo attenuation suggests additional adaptation is required for epidemic disease. Importantly, available SARS monoclonal antibodies offered success in limiting viral infection absent from available vaccine approaches. Together, the data highlight the utility of a platform to identify and prioritize prepandemic strains harbored in animal reservoirs and document the threat posed by WIV1-CoV for emergence in human populations.

CREATE IT!

(12) **United States Patent**
Curtis et al.

(10) **Patent No.: US 7,279,327 B2**
(45) **Date of Patent: Oct. 9, 2007**

(54) **METHODS FOR PRODUCING RECOMBINANT CORONAVIRUS**

(75) Inventors: **Kristopher M. Curtis**, Chapel Hill, NC (US); **Boyd Yount**, Hillsborough, NC (US); **Ralph S. Baric**, Haw River, NC (US)

Baudoux et al. "Coronavirus Pseudoparticles Formed with Recombinant M and E Proteins Induce Alpha Interferon Synthesis by Leukocytes" *Journal of Virology* 72(11):8636-8643 (1998).

Bos et al. "The Production of Recombinant Infectious DI-Particles of a Murine Coronavirus in the Absence of Helper Virus" Virology 218:52-60 (1996).

(12) **United States Patent**
Rota et al.

(10) **Patent No.: US 7,220,852 B1**
(45) **Date of Patent: May 22, 2007**

(54) **CORONAVIRUS ISOLATED FROM HUMANS**

(75) Inventors: **Paul A. Rota**, Decatur, GA (US); **Larry J. Anderson**, Atlanta, GA (US); **William J. Bellini**, Lilburn, GA (US); **Cara Carthel Burns**, Avondale Estates, GA (US); Raymond Campagnoli

FOREIGN PATENT DOCUMENTS

WO	WO 2004/085633	* 10/2004
WO	WO 2004/092360	* 10/2004

OTHER PUBLICATIONS

Curriculum Vitae
Ralph S. Baric

I. CONTACT INFORMATION:
Department of Epidemiology
School of Public Health
University of North Carolina at Chapel Hill

57. Synthetic Coronaviruses. Biohacking: Biological Warfare Enabling Technologies, June 2005. Washington, DC. DARPA/MITRE sponsored event. Invited Speaker

4

Countries, donors and multilateral institutions must be prepared for the worst.

A rapidly spreading pandemic due to a lethal respiratory pathogen *(whether naturally emergent or accidentally or deliberately released)* poses additional preparedness requirements. Donors and multilateral institutions must ensure adequate investment in developing innovative vaccines and therapeutics, surge manufacturing capacity, broad-spectrum antivirals and appropriate non-pharmaceutical interventions. All countries must develop a system for immediately sharing genome sequences of any new pathogen for public health purposes along with the means to share limited medical countermeasures across countries.

Progress indicator(s) by September 2020

- Donors and countries commit and identify timelines for: financing and development of a universal influenza vaccine, broad spectrum antivirals, and targeted therapeutics. WHO and its Member States develop options for standard procedures and timelines for sharing of sequence data, specimens, and medical countermeasures for pathogens other than influenza.
- Donors, countries and multilateral institutions develop a multi-year plan and approach for strengthening R&D research capacity, in advance of and during an epidemic.

WHO, the United Nations Children's Fund, the International Federation of Red Cross and Red Crescent Societies, academic and other partners identify strategies for increasing capacity and integration of social science approaches and researchers across the entire preparedness/response continuum.

DEPLOY & PROFIT FROM IT!

Foundations Illegally Fund "Research Institutions" and "NGOs" disguising MARKETING as Philanthropy

"Investors respond if they see PROFIT and the end of the PROCESS"

"Science-based" policy is mandated through coercion of corporations who receive Federal Funds

CNBC

HEALTH AND SCIENCE

The Covid pandemic drives Pfizer's 2022 revenue to a record $100 billion

PUBLISHED TUE, JAN 31 2023•10:41 AM EST | UPDATED THU, FEB 2 2023•4:35 AM EST

Spencer Kimball
@SPENCEKIMBALL

SHARE

KEY POINTS

- Pfizer sold $37.8 billion of its Covid va
  compared with 2021 as demand for th

FIERCE Pharma

Pharma · Manufacturing · Marketing · Special Reports · Fierce 50

PHARMA

Moderna pays US government $400M 'catch-up payment' under new COVID-19 vaccine license

By Eric Sagonowsky - Feb 24, 2023 10:20am

Moderna Therapeutics · NIAID · NIH

Health Policy Watch
Independent Global Health Reporting

Antimicrobial Resistance · Infectious Diseases · Pandemics & Emergencies · Non-Comm Diseases

WHO Member-states Greenlight $6.83b Budget for 2024-25; Countries Demand More Transparency

WHA 76 · 22/05/2023 · Megha Kaveri

Towards Health at Liberty

- Health & Vitality rather than Disease & Chemistry
- Organic wellbeing vs. synthetic survival
- Public responsibility for vibrancy and vitality
  - Elimination of economic incentive for "disease management"
- Elimination of the criminal World Health Organization and its supranational powers
- Elimination of military biological and chemical "weaponization" of nature research