2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008905

CRANE, K

HWY 12344

ALACHUA, FL 32616

Name: Address:

City-St-Zip:

FILED Apr 26, 2004 Secretary of State

Entity Name: THE XERODERMA PIGMENTOSUM FOUNDATION & OTHER DNA U.V. SKIN DISORDERS RESEARCH

FUND, INC. **Current Principal Place of Business: New Principal Place of Business:** 4423 NW 202 ST. NEWBERRY, FL 32669 **Current Mailing Address: New Mailing Address:** PO BOX 1192 ALACHUA, FL 32616 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECK, PHILLIP K 11151 NW 115 ST. PO BOX 875 CHIEFLAND, FL 32626 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CLAYTON, M. Name: Name: Address: 4423 NW 202 ST. Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BLAYLOCK, TOM Name: Address: 4423 NW 202 ST Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: () Delete Title: Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARILYN CLAYTON D 04/26/2004