# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2005**
**Secretary of State**

DOCUMENT# N01000008905

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

**Current Principal Place of Business:**

4423 NW 202 ST.
NEWBERRY, FL 32669

**New Principal Place of Business:**

723 TRUMAN AVENUE
TALLAHASSEE, FL 32314

**Current Mailing Address:**

PO BOX 1192
ALACHUA, FL 32616

**New Mailing Address:**

PO BOX 6298
TALLAHASSEE, FL 32314

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECK, PHILLIP K
11151 NW 115 ST.
PO BOX 875
CHIEFLAND, FL 32626 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete
Name: CLAYTON, M.
Address: 4423 NW 202 ST.
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: BLAYLOCK, TOM
Address: 4423 NW 202 ST
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Delete
Name: CRANE, K
Address: HWY 12344
City-St-Zip: ALACHUA, FL 32616

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: CLAYTON, M.
Address: PO BOX 6298
City-St-Zip: TALLAHASSEE, FL 32314

Title: D (X) Change ( ) Addition
Name: CRANE, K.
Address: 723 TRUMAN AVENUE
City-St-Zip: TALLAHASSEE, FL 32314

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 04/13/2005

Electronic Signature of Signing Officer or Director — Date