

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008905

FILED
Apr 12, 2006
Secretary of State

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

Current Principal Place of Business:

723 TRUMAN AVENUE
TALLAHASSEE, FL 32314

New Principal Place of Business:

Current Mailing Address:

PO BOX 6298
TALLAHASSEE, FL 32314

New Mailing Address:

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: PO BOX 6298
City-St-Zip: TALLAHASSEE, FL 32314

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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

04/12/2006

Electronic Signature of Signing Officer or Director

Date