

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011715

FILED  
Aug 23, 2007  
Secretary of State

**Entity Name:** WORLD SKIN CANCER FOUNDATION, INC.

**Current Principal Place of Business:**

245 BIRCH AVE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

245 BIRCH AVE  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 20-3829196      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WATSON, VICTOR M ESQ  
3490 NORTH US HWY 1  
COCOA, FL 32926      US

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

FISCHER, RHETT R  
628 GLEN CHEEK DR.  
CAPE CANAVERAL, FL 32920      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: RHETT FISCHER

08/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP      ( ) Delete  
Name: SLATER, JUDY  
Address: 290 PARADISE BLVD  
City-St-Zip: MELBOURNE, FL 32903

Title: DP      ( ) Delete  
Name: FILLIBEN, DREW  
Address: 245 BIRCH AVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DT      ( ) Delete  
Name: FISCHER, RHETT  
Address: 656 SOUTH ATLANTIC AVENUE UNIT 8  
City-St-Zip: COCOA BEACH, FL 32931

Title: DS      (X) Delete  
Name: FALLACE, AMY  
Address: 842 LOGGERHEAD ISLAND DR  
City-St-Zip: SATELLITE BEACH, FL 32927

Title: D      (X) Delete  
Name: GASECKI, STEVE  
Address: 2285 TANGLEWOOD LANE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D      ( ) Delete  
Name: BUCHANAN, RUSTY  
Address: 37 N BREVARD AVE  
City-St-Zip: COCOA BEACH, FL 32931

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

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

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

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

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

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 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: DREW FILLIBEN

DP

08/23/2007

Electronic Signature of Signing Officer or Director

Date