2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N05000011715

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 ( )**

Name and Address of Current Registered Agent:

FISCHER, RHETT R
628 GLEN CHEEK DR.
CAPE CANAVERAL, FL 32920 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: 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: D ( ) Delete
Name: BUCHANAN, RUSTY
Address: 37 N BREVARD AVE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: SLATER, JUDY
Address: 640 S. BANANA RIVER DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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 04/26/2009

Electronic Signature of Signing Officer or Director — Date