

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011715

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

37 N BREVARD ST  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 321089  
COCOA BEACH, FL 32932

**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:**

SPICER, MICHAEL S MD  
1286 S FLORIDA AVE  
ROCKLEDGE, FL 32955 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:** P  
**Name:** STEIN, JEANNINE MD  
**Address:** 8057 SPYGLASS HILL ROAD  
**City-St-Zip:** VIERA, FL 32940

**Title:** T  
**Name:** SPICER, MICHAEL S MD  
**Address:** 1286 S FLORIDA AVE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** VP  
**Name:** BUCHANAN, RUSTY  
**Address:** 37 N BREVARD AVE  
**City-St-Zip:** COCOA BEACH, FL 32931

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL SPICER

T

04/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date