

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # N06000010533

1. Entity Name
PHILIP A. BRYANT MELANOMA FOUNDATION, INC.



Principal Place of Business
2404 NURSERY ROAD
CLEARWATER, FL 33764

*Mailing Address
2404 NURSERY ROAD
CLEARWATER, FL 33764



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5710664

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKART & COMPANY, PA
6528 CENTRAL AVENUE
SUITE A
ST. PETERSBURG, FL 33707

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000775327
01/08/08-80022-022 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME BRYANT, STAN
STREET ADDRESS 2404 NURSERY ROAD
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VP
NAME BRYANT, VERONICA
STREET ADDRESS 2404 NURSERY ROAD
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE TRES
NAME BURKART, KEVIN
STREET ADDRESS 6528 CENTRAL AVENUE, SUITE A
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08
Date

727 896 6264
Daytime Phone #