

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90052 008 \*\*\*\*70.00

**DOCUMENT # N95000005850**

1. Entity Name  
**AMERICAN VITILIGO RESEARCH FOUNDATION, INC.**



Principal Place of Business  
**1848 MURRAY AVENUE  
CLEARWATER, FL 33755 US**

Mailing Address  
**P.O. BOX 7540  
CLEARWATER, FL 33758 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3344192**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAVLIDES, STELLA  
1848 MURRAY AVE.  
CLEARWATER, FL 33755**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **PAVLIDES, STELLA**  
CITY-ST-ZIP **1848 MURRAY AVE  
CLEARWATER, FL 33755**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GIORDANO, MARILYN R**  
CITY-ST-ZIP **1848 MURRAY AVE  
CLEARWATER, FL 33755**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **PARGANOS, GREGORY V**  
CITY-ST-ZIP **3636 LINKWOOD ST  
NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LETCHER, PAUL**  
CITY-ST-ZIP **7521 S 32ND ST.  
LINCOLN, NE 68516**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KNIGHT, ROXANNE**  
CITY-ST-ZIP **1538 WILDROSE DR  
DE PERE, WI 54115**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COOPER, LORETTA M**  
CITY-ST-ZIP **8744 CARLTON DR  
INGLEWOOD, CA 90305**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **G.**  
STREET ADDRESS **GREGORY V. PARGANOS**  
CITY-ST-ZIP **1848 MURRAY AVE.  
CLEARWATER, FL 33755**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Stella Pavlides*  
**Feb 20, 2008 121.461.3899**

ATTACHMENT 40031419  
#N9500005850

Please add additional director:

TITLE: D

X Addition

NAME: Clark, Scott

STREET ADDRESS: 15710 242<sup>nd</sup> Street SE  
Snohomish, WA 98296