2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N95000005850

Entity Name: AMERICAN VITILIGO RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1848 MURRAY AVENUE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7540
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 59-3344192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAVLIDES, STELLA
1848 MURRAY AVE.
CLEARWATER, FL 33755 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 ( ) Delete
Name: PAVLIDES, STELLA
Address: 1848 MURRAY AVE
City-St-Zip: CLEARWATER, FL 33755

Title: T ( ) Delete
Name: GIORDANO, MARILYN R
Address: 1848 MURRAY AVE
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete
Name: PARGANOS, GREGORY V
Address: 1848 MURRAY AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: LETCHER, PAUL
Address: 7521 S 32ND ST.
City-St-Zip: LINCOLN, NE 68516

Title: D ( ) Delete
Name: KNIGHT, ROXANNE
Address: 1538 WILDROSE DR
City-St-Zip: DE PERE, WI 54115

Title: D ( ) Delete
Name: COOPER, LORETTA M
Address: 8744 CARLTON DR
City-St-Zip: INGLEWOOD, CA 90305

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: STELLA PAVLIDES PRES 02/02/2009
Electronic Signature of Signing Officer or Director — Date