

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001513

FILED
Apr 27, 2005
Secretary of State

Entity Name: RICHARD DAVID KANN MELANOMA TASK FORCE, INC.

Current Principal Place of Business:

2200 N FLORIDA MANGO
SUITE 301
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

621 CLEARWATER PARK ROAD
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

2200 N FLORIDA MANGO
SUITE 301
WEST PALM BEACH, FL 33409 US

New Mailing Address:

CLEARWATER PARK ROAD
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0633295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARZBERG, STEVEN
C/O GREENBERG TRAUIG
222 LAKEVIEW AVE. SUITE 220
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: SCHWARZBERG, DEBORAH
Address: 222 LAKEVIEW AVENUE SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: SCHWARZBERG, STEVEN L
Address: 222 LAKEVIEW AVENUE SUITE 210
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: ROSENBERG, STEVEN P
Address: 470 COLUMBIA DRIVE SUITE 102A
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: KANN, RACHEL
Address: C/O 777 S. FLAGLER ST., #300E
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: KATZEN, LAWRENCE
Address: 944 SOUTH EAST ATLANTIC DRIVE
City-St-Zip: HYPOUXO ISLAND, FL 33462

Title: D () Delete
Name: KATZEN, JANE
Address: C/O 777 S. FLAGLER ST., #300E
City-St-Zip: WEST PALM BEACH, FL 33401

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 for the exemption stated in Section 119.07(3)(i), 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: JER ZENIERIS, EXECUTIVE DIRECTOR

EXD

04/27/2005

Electronic Signature of Signing Officer or Director

Date