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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90032 040 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000007259**

1. Corporation Name

**THE BILL WALTER RESEARCH FUND, INC.**

*The Bill Walter III, MELANOMA RESEARCH FUND, Inc.*

Principal Place of Business  
1118 JACARANDA AVE  
DAYTONA BEACH FL 32118

Mailing Address  
1118 JACARANDA AVE  
DAYTONA BEACH FL 32118

527422 / - 90032 - 40



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/24/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3547852

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH FL 32115-2491

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 30 / 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SCOTT, ROGER W  
STREET ADDRESS 1118 JACARANDA AVE  
CITY-ST-ZIP DAYTONA BEACH FL 32118

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WALTER, WILLIAM A  
STREET ADDRESS 11 JEFFERSON LANDING  
CITY-ST-ZIP DAYTONA BEACH FL 32118

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RICHARDSON, TIMOTHY D  
STREET ADDRESS 1114 LINKSIDE CT EAST  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DENISON, DOUGLAS R  
STREET ADDRESS 9 PLEASANT VIEW CIR  
CITY-ST-ZIP DAYTONA BEACH FL 32118

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WALTER, KATHY  
STREET ADDRESS 19 WINDING CREEK WAY  
CITY-ST-ZIP ORMOND BEACH FL 32174

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

904-254-4719

Daytime Phone #

CR2E037 (11/98)