2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# N98000007259

Entity Name: BILL WALTER III MELANOMA RESEARCH FUND, INC.

Current Principal Place of Business:

1011 CHAFFEE PLACE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

1011 CHAFFEE PLACE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-3547852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 321152491 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: TREA ( ) Delete
Name: SCOTT, ROGER W
Address: 1011 CHAFFEE PLACE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: WALTER, WILLIAM A
Address: 11 JEFFERSON LANDING
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: RICHARDSON, TIMOTHY D
Address: 1114 LINKSIDE CT EAST
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: DENISON, DOUGLAS R
Address: 9 PLEASANT VIEW CIR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: WALTER, KATHY
Address: 19 WINDING CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

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:

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: ROGER W. SCOTT TREA 08/22/2008

Electronic Signature of Signing Officer or Director — Date