



FILED
May 03, 2006 08:00 AM
Secretary of State

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000006252 1. Entity Name MELANOMA ASSISTANCE PROGRAM, INC.			
Principal Place of Business 6846 COMMUNITY DR PENSACOLA, FL 32526		Mailing Address 6846 COMMUNITY DR PENSACOLA, FL 32526	
DO NOT WRITE IN THIS SPACE			
		05032006 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3606271	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
FOXWORTH, LORI L 6846 COMMUNITY DR PENSACOLA, FL 32526		DO NOT WRITE IN THIS SPACE	
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 <u><i>Lori L Foxworth</i></u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>5/1/2006</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000561737 05/19/06-80027-005 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PITTMAN, KARLA T 1250 NORWALK TRACE LAWRENCEVILLE, GA 30245		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARS, MICHELLE 140 COTTAGE CIRCLE FAYETTEVILLE, GA 30215		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, DAVID 8333 N DAVIS HWY PENSACOLA, FL 32514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRER, LEIGH 4354 BURTONWOOD PENSACOLA, FL 32514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOXWORTH, LORI 6846 COMMUNITY DR PENSACOLA, FL 32526		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOLENSKY, REGINA 3861 WINONA DR. PENSACOLA, FL 32504		
DO NOT WRITE IN THIS SPACE			
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: <u><i>Lori L Foxworth</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>5/1/06</u> 880-941-2318 Daytime Phone #	