

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006252

FILED
May 01, 2007
Secretary of State

Entity Name: MELANOMA ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

6846 COMMUNITY DR
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

6846 COMMUNITY DR
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-3606271 **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:

Name and Address of New Registered Agent:

FOXWORTH, LORI L
6846 COMMUNITY DR
PENSACOLA, FL 32526 US

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: T () Delete
Name: PITTMAN, KARLA T
Address: 1250 NORWALK TRACE
City-St-Zip: LAWRENCEVILLE, GA 30245

Title: D () Delete
Name: VILLARS, MICHELLE
Address: 140 COTTAGE CIRCLE
City-St-Zip: FAYETTEVILLE, GA 30215

Title: D () Delete
Name: MANN, DAVID
Address: 8333 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: SHIRER, LEIGH
Address: 4354 BURTONWOOD
City-St-Zip: PENSACOLA, FL 32514

Title: P () Delete
Name: FOXWORTH, LORI
Address: 6846 COMMUNITY DR
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: SMOLENSKY, REGINA
Address: 3861 WINONA DR.
City-St-Zip: PENSACOLA, FL 32504

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: LORI L. FOXWORTH

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date