2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N99000006252

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:

FOXWORTH, LORI L
6846 COMMUNITY DR
PENSACOLA, FL 32526 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:	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 05/01/2008

Electronic Signature of Signing Officer or Director — Date