2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

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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 ( )**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LORI L FOXWORTH PRES 04/06/2010

Electronic Signature of Signing Officer or Director Date