

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006252

FILED  
Apr 28, 2012  
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 ( )**

**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

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date