

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007259

Entity Name: BILL WALTER III MELANOMA RESEARCH FUND, INC.**Current Principal Place of Business:**212 OAKRIDGE BLVD
DAYTONA BEACH, FL 32118**Current Mailing Address:**212 OAKRIDGE BLVD
DAYTONA BEACH, FL 32118**FEI Number:** 59-3547852**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32115-2491 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**Officer/Director Detail :**

Title	D
Name	SCOTT, ROGER W
Address	212 OAKRIDGE BLVD
City-State-Zip:	DAYTONA BEACH FL 32118

Title	D
Name	RICHARDSON, TIMOTHY D
Address	1114 LINKSIDE CT EAST
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	D
Name	WALTER, KATHY
Address	19 WINDING CREEK WAY
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	WALTER, WILLIAM A
Address	11 JEFFERSON LANDING
City-State-Zip:	DAYTONA BEACH FL 32118

Title	D
Name	DENISON, DOUGLAS R
Address	9 PLEASANT VIEW CIR
City-State-Zip:	DAYTONA BEACH FL 32118

Title	TREA
Name	WALTER, JOHN MEACHAM
Address	310 BRAWOOD DR.
City-State-Zip:	MOBILE AL 36608

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: JOHN WALTER

TREA

04/24/2019

Electronic Signature of Signing Officer/Director Detail_____
Date