

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90008 002 ****61.25

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1. Entity Name
 MEFTAH FOUNDATION INC.

Principal Place of Business
 340 5TH AVE S SUITE 200
 NAPLES, FL 34102

Mailing Address
 340 5TH AVE S SUITE 200
 NAPLES, FL 34102

40006399



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 20-3378489

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLPE, MICHAEL J ESQ
 711 5TH AVE S SUITE 201
 NAPLES, FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP Delete
 NAME MEFTAH, MICHAEL
 STREET ADDRESS 3540 GIN LANE
 CITY-ST-ZIP NAPLES, FL 34102

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV Delete
 NAME MEFTAH, PATRICIA M
 STREET ADDRESS 3540 GIN LANE
 CITY-ST-ZIP NAPLES, FL 34102

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME MEFTAH, DIANE M
 STREET ADDRESS ~~1990 SCOTO POINTE DR~~
 CITY-ST-ZIP ~~COLUMBUS, OH 43221~~

TITLE D Change Addition
 NAME MEFTAH, DIANE M.
 STREET ADDRESS 77 DEERFOOT ROAD
 CITY-ST-ZIP SOUTH BOROUGH, MA 01772

TITLE D Delete
 NAME MEFTAH, YVETTE M
 STREET ADDRESS ~~2935 28TH STREET NW~~
 CITY-ST-ZIP ~~WASHINGTON, DC 20008~~

TITLE D Change Addition
 NAME MEFTAH, YVETTE M.
 STREET ADDRESS 41J ROLAND GARDENS
 CITY-ST-ZIP LONDON SW7 3PQ UNITED KINGDOM

TITLE D Delete
 NAME MEFTAH, PARVIZ
 STREET ADDRESS 152 W HIGH STREET
 CITY-ST-ZIP MI GILEAD, OH 43338

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME VOLPE, MICHAEL J ESQ
 STREET ADDRESS 711 5TH AVE S SUITE 201
 CITY-ST-ZIP NAPLES, FL 34102

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

Date

239-434-6446

Daytime Phone #