

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000003188

Entity Name: MEFTAH FOUNDATION INC.

Current Principal Place of Business:

340 5TH AVE S SUITE 200
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

340 5TH AVE S SUITE 200
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-3378489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLPE, MICHAEL J ESQ
711 5TH AVE S SUITE 201
NAPLES, FL 34102 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: DP () Delete
Name: MEFTAH, MICHAEL
Address: 3540 GIN LANE
City-St-Zip: NAPLES, FL 34102

Title: DV () Delete
Name: MEFTAH, PATRICIA M
Address: 3540 GIN LANE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MEFTAH, DIANE M
Address: 77 DEERFOOT RD
City-St-Zip: SOUTHBOROUGH, MA 01772

Title: D () Delete
Name: MEFTAH, YVETTE M
Address: 41J ROLAND GARDENS
City-St-Zip: LONDON SW7 3PQ, UK,

Title: D () Delete
Name: MEFTAH, PARVIZ
Address: 152 W HIGH STREET
City-St-Zip: MI GILEAD, OH 43338

Title: T () Delete
Name: VOLPE, MICHAEL J ESQ
Address: 711 5TH AVE S SUITE 201
City-St-Zip: NAPLES, FL 34102

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
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City-St-Zip:

Title: () Change () Addition
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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: MICHAEL MEFTAH MD

Electronic Signature of Signing Officer or Director

D/P

04/29/2009

Date