

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003188

FILED  
Apr 29, 2009  
Secretary of State

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  
Name:  
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