2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N96000000034

Entity Name: MITZPAH, LTD., INC.

Current Principal Place of Business:

1602 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

1602 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 65-0637093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDAK, G. LEE
1602 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207 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:	PD	( ) Delete
Name:	HUDAK, J. GORDON	
Address:	1602 BAYSHORE GARDENS PARKWAY	
City-St-Zip:	BRADENTON, FL	
Title:	VD	( ) Delete
Name:	WILSON, LINDA M	
Address:	123 28TH STREET COURT NW	
City-St-Zip:	BRADENTON, FL 34205	
Title:	TO	( ) Delete
Name:	CLEMENS, MICHAEL G	
Address:	3940 5TH AVE WEST	
City-St-Zip:	PALMETTO, FL	
Title:	SD	( ) Delete
Name:	HUDAK, G. L	
Address:	1602 BAYSHORE GARDENS PKWY	
City-St-Zip:	BRADENTON, FL	
Title:	D	( ) Delete
Name:	MCCAUGHAN, DENISE M	
Address:	531 40TH STREET W	
City-St-Zip:	PALMETTO, FL 34221	
Title:	D	( ) Delete
Name:	GATES, JENNIFER	
Address:	3605 CRESTA COURT	
City-St-Zip:	RUSKIN, FL 33573	

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:	
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 G CLEMENS TO 04/19/2009

Electronic Signature of Signing Officer or Director — Date