

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P40769 (2)**

1. Corporation Name

**THE MEFTAH SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business

Mailing Address

~~900 NINTH STREET, SOUTH~~  
~~SUITE 103~~  
NAPLES FL 33940  
US

~~900 NINTH ST. S.~~  
~~SUITE 103~~  
NAPLES FL 33940  
US

3. Date Incorporated or Qualified **09/28/1992** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business 21 **340 Fifth Avenue S.** 2a. Mailing Address 26 **340 Fifth Avenue S.**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

Suite, Apt. #, etc. 22 **Suite 200** Suite, Apt. #, etc. 27 **Suite 200**

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

City & State 23 City & State 28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip 24 Country 25 Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LANZINGER, BARBARA  
REINCO, INC.  
~~900 9TH STREET SO., STE. 103~~  
NAPLES FL 33940**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **340 Fifth Avenue S.**  
83 **Suite 200**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed (Name of registered agent and title and address)

NOTE: Registered Agent signature required when reinstating.

DATE

*[Handwritten Signature]*

**3/27/96**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEFTAH, MICHAEL, M.D.	
STREET ADDRESS	3540 GIN LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MEFTAH, PATRICIA M.	
STREET ADDRESS	3540 GIN LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEZESHKAN, F. FRED	
STREET ADDRESS	2606 HORSESHOE DRIVE, SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLS, CURT	
STREET ADDRESS	600 5TH AVENUE, S. #101	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDI, JAMES	
STREET ADDRESS	3251 PINE RIDGE ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LANZINGER, BARBARA A.	
STREET ADDRESS	<del>168 CABAL LAKE DRIVE</del>	
CITY-ST-ZIP	NAPLES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>900001768788</b>
5.4 CITY-ST-ZIP	<b>-04/04/96--01012--005</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>340 Fifth Avenue S., #200</b>
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
**Michael Meftah, M.D.**

**3/27/96**

Date

**941-434-6446**

Daytime Phone #

CR2E037 (12/95)

*Handwritten:* 32 4.3