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**Feb 26 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # P40769 (2)
1. Corporation Name
THE MEFTAH SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business Mailing Address
**340 FIFTH AVE. S.
SUITE 200
NAPLES FL 34102
US** **340 FIFTH AVE. S.
SUITE 200
NAPLES FL 34102
US**

3. Date Incorporated or Qualified
09/28/1992

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**LANZINGER, BARBARA
340 FIFTH AVE. S.
SUITE 200
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name

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

83

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]* DATE **2/13/98**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD MEFTAH, MICHAEL, M.D.**

STREET ADDRESS **3540 GIN LANE**

CITY-ST-ZIP **NAPLES FL**

TITLE DELETE

NAME **VPD MEFTAH, PATRICIA M.**

STREET ADDRESS **3540 GIN LANE**

CITY-ST-ZIP **NAPLES FL**

TITLE DELETE

NAME **D PEZESHKAN, F. FRED**

STREET ADDRESS **2806 HORSESHOE DRIVE, SOUTH**

CITY-ST-ZIP **NAPLES FL**

TITLE DELETE

NAME **~~D WELLS, GURT~~**

STREET ADDRESS **~~600 5TH AVENUE, S. #101~~**

CITY-ST-ZIP **~~NAPLES FL~~**

TITLE DELETE

NAME **D LANDI, JAMES**

STREET ADDRESS **3251 PINE RIDGE ROAD**

CITY-ST-ZIP **NAPLES FL**

TITLE DELETE

NAME **ST LANZINGER, BARBARA A.**

STREET ADDRESS **340 FIFTH AVE. S. #200**

CITY-ST-ZIP **NAPLES FL 33940**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Michael Meftah, M.D. 2/13/98 941-434-6338**

CRE037 (10/97)