FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	(State Seal)	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90229 046 ****61.25

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DOCUMENT # P40769

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

(barcode)

2. Principal Place of Business `21`	**2a.** Mailing Address `26`	**3.** Date Incorporated or Qualifed **09/28/1992**
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	**4.** FEI Number **NOT APPLICABLE** — Applied For / Not Applicable
City & State `23`	City & State `28`	**5.** Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip `24` Country `25`	Zip `29` Country `30`	**6.** Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANZINGER, BARBARA 340 FIFTH AVE. S. SUITE 200 NAPLES FL 34102	`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 _Barbara Lanzinger_   _(signature)_   DATE 2/10/99
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

CR2E037 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEFTAH, MICHAEL, M.D.		1.2 NAME		
STREET ADDRESS	3540 GIN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEFTAH, PATRICIA M.		2.2 NAME		
STREET ADDRESS	3540 GIN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEZESHKAN, F. FRED		3.2 NAME		
STREET ADDRESS	2606 HORSESHOE DRIVE, SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LANDI, JAMES		4.2 NAME		
STREET ADDRESS	3251 PINE RIDGE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANZINGER, BARBARA A.		5.2 NAME		
STREET ADDRESS	340 FIFTH AVE. S. #200		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: _(signature)_ Michael Meftah, M.D. 2/10/99   941-434-6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #