


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P40769**

1. Entity Name  
**THE MEFTAH SCHOLARSHIP FOUNDATION, INC.**



Principal Place of Business <b>340 FIFTH AVE. S.          SUITE 200          NAPLES, FL 34102 US</b>	Mailing Address <b>340 FIFTH AVE. S.          SUITE 200          NAPLES, FL 34102 US</b>
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**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LANZINGER, BARBARA  
 340 FIFTH AVE. S.  
 SUITE 200  
 NAPLES, FL 34102**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Barbara Lanzinger* (NOTE: Registered Agent signature required when reinstating)

DATE: **3/8/04**

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

00000085843  
 03/11/04-80064-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEFTAH, MICHAEL, M.D. 3540 GIN LANE NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MEFTAH, PATRICIA M. 3540 GIN LANE NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEZESHKAN, F. FRED 2606 HORSESHOE DRIVE, SOUTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LANZINGER, BARBARA A. 340 FIFTH AVE. S. #200 NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOLPE, MICHAEL J 711 FIFTH AVE., S., #201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: **3/8/04** 239  
 DAYTIME PHONE #: **4346446**