

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90079 022 ****61.25

DOCUMENT # P40769

1. Entity 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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 obligation of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

1/20/03
DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	ST	<input type="checkbox"/> Delete
NAME	LANZINGER, BARBARA A.	
STREET ADDRESS	340 FIFTH AVE. S. #200	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOLPE, MICHAEL J	
STREET ADDRESS	1400 GULF SHORE BLVD N #218	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	711 Fifth Ave., S., #201	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: _____ **Michael Meftah, M.D.** 1/20/03

CR2E037 (10/02)