


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90025 039 \*\*\*\*61.25

<b>DOCUMENT # N04000008176</b>					
<b>1. Entity Name</b> MIH FATHERS, INC.					
<b>Principal Place of Business</b> 666 NE 40 CT FT LAUDERDALE, FL 33334			<b>Mailing Address</b> 666 NE 40 CT FT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business - No P.O. Box #</b> 888 S. ANDREWS AVE		<b>3. Mailing Address</b> 888 S. ANDREWS AVE			
Suite, Apt. #, etc. SUITE 204		Suite, Apt. #, etc. SUITE 204			
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL			
Zip 33316	Country USA	Zip 33316	Country USA	40095286  	
<b>6. Name and Address of Current Registered Agent</b>  TATUM, THOMAS R ESQ 200 E LAS OLAS BLVD STE 1900 FT LAUDERDALE, FL 33301				<b>7. Name and Address of New Registered Agent</b> Name <b>THOMAS T COON JR.</b> Street Address (P.O. Box Number is Not Acceptable) 888 S. ANDREWS AVENUE SUITE 204 City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33316</b>	
<b>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.</b>  SIGNATURE <u>THOMAS T COON JR</u> DATE <u>4/27/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOZICH, ROBERT J JR 1000 SE 9 AVE FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCRORY, JOHN W. 888 S. ANDREWS AVE #203 FT LAUDERDALE FL 33316
VP FLAVELL, JAMES 2231 NE 17 CT FORT LAUDERDALE, FL 33305		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOLPH, FRANK 631 INTRACOASTAL DR. FT LAUDERDALE FL 33304
S NICHOLS, CHARLES 1650 NE 26 ST # 102 FORT LAUDERDALE, FL 33305		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORUM, CHARLES III 1615 SE 14TH ST FT LAUDERDALE FL 33316
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOGEL, THOMAS 1 RIVER PLAZA, .305 S ANDREWS AVE #801 FT LAUDERDALE FL 33301
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			4-30-07 954-525-6664		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		