

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008176

FILED
Aug 25, 2008
Secretary of State

Entity Name: MIH FATHERS, INC.

Current Principal Place of Business:

888 S. ANDREWS AVE
SUITE 204
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

888 S. ANDREWS AVE
SUITE 204
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 56-2480040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COON, THOMAS T JR
888 S/ ANDREWS AVE
SUITE 204
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

COON, THOMAS T JR
888 S. ANDREWS AVE
SUITE 204
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: THOMAS T. COON, JR.

08/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCRORY, JOHN W
Address: 888 S. ANDREWS AVE #203
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP () Delete
Name: DOLPH, FRANK
Address: 631 INTRACOASTAL DR.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S () Delete
Name: FORUM, CHARLES III
Address: 1615 SE 14TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T () Delete
Name: VOGEL, THOMAS
Address: 1 RIVER PLAZA 305 S. ANDREWS AVE 801
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FEE, MICHAEL W
Address: 6351 NW 28TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. MCCRORY

P

08/25/2008

Electronic Signature of Signing Officer or Director

Date