

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008176

FILED  
Apr 30, 2009  
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 ( )

## 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:

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:

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: FEE, MICHAEL W  
Address: 6351 NW 28TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

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: THOMAS T COON JR

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date