

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008176

FILED  
Apr 19, 2010  
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  
Name: DOLPH, FRANK  
Address: 631 INTRACOASTAL DR.  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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

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

Title: VP  
Name: NAVA, ROBERT  
Address: 13730 BISCAYNE BOULEVARD  
City-St-Zip: NORTH MIAMI BEACH, FL 33181 US

Title: D  
Name: COON, THOMAS T JR.  
Address: 888 S. ANDREWS AVENUE, SUITE 204  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS T. COON, JR.

D

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date