

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12821

FILED
Sep 13, 2007
Secretary of State

Entity Name: FRIENDS OF THE FULBRIGHT COMMISSION IN EGYPT, INC.

Current Principal Place of Business:

C/O HOBBY & HOBBY, PA
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

C/O H. CLYDE HOBBY
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2607909 **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:

HOBBY, H. CLYDE ATTY.
5709 TIDALWAVE DRIVE
NEW PORT RICHEY, FL 34652 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: PVD () Delete
Name: MIGID, ADEL A DR
Address: UNIV. OF AKRON, SCHOOL OF D, T & A ADMIN
City-St-Zip: AKRON, OH 443251005

Title: SD () Delete
Name: LOHOF, BRUCE
Address: 5709 TIDALWAVE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: GENTRY, EARLENE
Address: 5709 TIDALWAVE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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:

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: BRUCE LOHOF

SD

09/13/2007

Electronic Signature of Signing Officer or Director

Date