

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12821

FILED  
Aug 01, 2008  
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 LOHOFF

Electronic Signature of Signing Officer or Director

SECY

08/01/2008

\_\_\_\_\_ Date