

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000034

FILED
Mar 18, 2005
Secretary of State

Entity Name: MITZPAH, LTD., INC.

Current Principal Place of Business:

1602 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

1602 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 65-0637093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDAK, G. LEE
1602 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207 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: PD () Delete
Name: HUDAK, J. GORDON
Address: 1602 BAYSHORE GARDENS PARKWAY
City-St-Zip: BRADENTON, FL

Title: VD () Delete
Name: SIMON, DANIEL J
Address: 845 PINE STREET
City-St-Zip: PERRYSBURG, OH

Title: TO () Delete
Name: CLEMENS, MICHAEL G
Address: 3940 5TH AVE WEST
City-St-Zip: PALMETTO, FL

Title: SD () Delete
Name: HUDAK, G. L
Address: 1602 BAYSHORE GARDENS PKWY
City-St-Zip: BRADENTON, FL

Title: D () Delete
Name: WILSON, LINDA M
Address: 102 49TH STREET
City-St-Zip: HOLMES BEACH, FL

Title: D () Delete
Name: RILEY, PATRICK F
Address: 4141 IFFLAND RD
City-St-Zip: BLISSFIELD, MI 49228

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:

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 for the exemption stated in Section 119.07(3)(i), 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: MICHAEL G CLEMENS

TO

03/18/2005

Electronic Signature of Signing Officer or Director

Date