

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40769** (2)

1. Corporation Name

THE MEFTAH SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business

Mailing Address

~~900 NINTH STREET SOUTH~~
~~SUITE 103~~
NAPLES FL 33940
US

~~900 NINTH ST. S.~~
~~SUITE 103~~
NAPLES FL 33940
US

2. Principal Place of Business

2a. Mailing Address

21 340 Fifth Avenue S.

26 340 Fifth Avenue S.

3. Date Incorporated or Qualified
09/28/1992

3a. Date of Last Report
02/01/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite 200

27 Suite 200

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANZINGER, BARBARA
REINCO, INC.
~~900 9TH STREET SO., STE. 103~~
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
340 Fifth Avenue S.

83 Suite 200

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title and date.

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD MEFTAH, MICHAEL, M.D.**
STREET ADDRESS **3540 GIN LANE**
CITY- ST- ZIP **NAPLES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **VPD MEFTAH, PATRICIA M.**
STREET ADDRESS **3540 GIN LANE**
CITY- ST- ZIP **NAPLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **D PEZESHKAN, F. FRED**
STREET ADDRESS **2606 HORSESHOE DRIVE, SOUTH**
CITY- ST- ZIP **NAPLES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **D WELLS, CURT**
STREET ADDRESS **600 5TH AVENUE, S. #101**
CITY- ST- ZIP **NAPLES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **D LANDI, JAMES**
STREET ADDRESS **3251 PINE RIDGE ROAD**
CITY- ST- ZIP **NAPLES FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **ST LANZINGER, BARBARA A.**
STREET ADDRESS ~~160 CABAL LAKE DRIVE~~
CITY- ST- ZIP **NAPLES FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **340 Fifth Avenue S., #200**
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

3/27/96

941-434-6446

Date

Daytime Phone #

CR2E037 (12/95)