

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40769 (2)

1. Corporation Name

THE MEFTAH SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

340 FIFTH AVE. S.

SUITE 200

~~NAPLES FL 33940~~

US

~~999 NINTH ST. S.~~~~SUITE 102~~~~NAPLES FL 34102-9300~~

US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 340 Fifth Avenue S.		09/28/1992		04/03/1996	
22 City & State		27 Suite 200		4. FEI Number		Applied For	
23 Naples, FL		28 Naples, FL		NOT APPLICABLE		Not Applicable	
24 Zip		29 34102		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Collier		<input type="checkbox"/>		<input type="checkbox"/>	
26		27		6. Election Campaign Financing		5.00 May Be Added to Fees	
28		29		Trust Fund Contribution		<input type="checkbox"/>	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANZINGER, BARBARA

340 FIFTH AVE. S.

SUITE 200

~~NAPLES FL 33940~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Naples

FL

85 Zip Code

34102

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEFTAH, MICHAEL, M.D.	1.2 NAME	
STREET ADDRESS	3540 GIN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEFTAH, PATRICIA M.	2.2 NAME	
STREET ADDRESS	3540 GIN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEZESHKAN, F. FRED	3.2 NAME	
STREET ADDRESS	2806 HORSESHOE DRIVE, SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, CURT	4.2 NAME	
STREET ADDRESS	600 5TH AVENUE, S. #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDI, JAMES	5.2 NAME	
STREET ADDRESS	3251 PINE RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZINGER, BARBARA A.	6.2 NAME	
STREET ADDRESS	340 FIFTH AVE. S. #200	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OF SIGNING OFFICER OR DIRECTOR

1/23/97

941-434-6338

Date

Daytime Phone # 941-434-6338

CR2E037 (9/96)