

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 819203 (1)

1. Corporation Name
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.



Principal Place of Business: 1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984
Mailing Address: 1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984

3. Date Incorporated or Qualified: 12/06/1965
3a. Date of Last Report: 03/28/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 35-1044585	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C SHAKER, ANTHONY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100 LAKE STREET	1.2 NAME	
STREET ADDRESS	OAK PARK IL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SHADYAC, RICHARD C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5861 COLUMBIA PIKE, SUITE 101	2.2 NAME	
STREET ADDRESS	FALLS CHURCH VA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T QUICK, TOM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28 BROADWAY, 11TH FLOOR	3.2 NAME	
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D ABERCIA, RALPH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12438 MEMORIAL DRIVE	4.2 NAME	
STREET ADDRESS	HOUSTON TX	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SIMON, PAUL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20580 HOOVER ROAD	5.2 NAME	
STREET ADDRESS	DETROIT MI	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* American Lebanese Syrian Associated Charities, Inc. 4/10/96 901-524-057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)