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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819203

1. Corporation Name
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, I NC.

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/06/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 35-1044585
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SHAKER, ANTHONY	
STREET ADDRESS	1100 LAKE STREET	
CITY-ST-ZIP	OAK PARK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHADYAC, RICHARD C.	
STREET ADDRESS	5661 COLUMBIA PIKE, SUITE 101	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	QUICK, TOM	
STREET ADDRESS	26 BROADWAY, 11TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABERCIA, RALPH	
STREET ADDRESS	12438 MEMORIAL DRIVE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, PAUL	
STREET ADDRESS	20580 HOOVER ROAD	
CITY-ST-ZIP	DETROIT MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMAS, ROSE MARIE	
STREET ADDRESS	1187 HILLCREST ROAD	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul K. Hajar	
1.3 STREET ADDRESS	49 Walpole Street	
1.4 CITY-ST-ZIP	Norwood, MA 02062	
2.1 TITLE	1st Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joseph G. Shaker	
2.3 STREET ADDRESS	1100 Lake Street	
2.4 CITY-ST-ZIP	Oak Park, IL 60301	
3.1 TITLE	2nd Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Talat M. Othman	
3.3 STREET ADDRESS	750 Lake Cook Road, #155	
3.4 CITY-ST-ZIP	Buffalo Grove, IL 60089	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Richard C. Shadyac 1/18/99 901/522-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)