


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # N05000000534	
1. Entity Name THE JESSE MAALI HOUSE OF MERCY FOUNDATION, INC.	

Principal Place of Business 7582 W. SAND LAKE ROAD ORLANDO, FL 32819	Mailing Address 7582 W. SAND LAKE ROAD ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2281095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAALI, BASSEL
 7582 W. SAND LAKE ROAD
 ORLANDO, FL 32819

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAALI, A.J. 7582 W. SAND LAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITANI, SAMIR 7582 W. SAND LAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUBARAK, AHMAD 7582 W. SAND LAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAALI, BASSEL 7582 W. SAND LAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSOUR, RIYAD 7582 W. SAND LAKE ROAD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000822816
 02/20/08-80011-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Basel Maali 2/5/08 407-345-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #