

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N40809**

1. Entity Name  
PEACE FOR LEBANON, INC.



Principal Place of Business

7282 SIDONIA CT.  
BOCA RATON, FL 33433

Mailing Address

7282 SIDONIA COURT  
BOCA RATON, FL 33433



04022008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1977663

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELIAS, JOHN  
15225 NW 77 AVE. #202  
MIAMI LAKES, FL 33014

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

1000000913194  
05/08/08-80006-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KORGE, JOSEPHINE
STREET ADDRESS	840 SW 22 RD.
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VP
NAME	NIMER, VIRGINIA
STREET ADDRESS	704 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	T
NAME	MESHAKA, ROSE
STREET ADDRESS	3823 SW 168 TERR.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	S
NAME	PIERRE, GADDALA-MARIA
STREET ADDRESS	5824 SW 131 TERRACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	O
NAME	KHOURI, DALAL
STREET ADDRESS	6100 N. KENDALL DRIVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	O
NAME	ZONTINI, SIMONE
STREET ADDRESS	340 MENDOZA AVE
CITY-ST-ZIP	MIAMI, FL 33134

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPHINE A. KORGE

561 367 8223