


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **819203** (1)  
1. Corporation Name  
**AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, I  
NC.**

Principal Place of Business <b>1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984</b>	Mailing Address <b>1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984</b>
---	---

3. Date Incorporated or Qualified <b>12/06/1965</b>	
4. FEI Number <b>35-1044585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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	<b>FL</b> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAKER, ANTHONY</b>	1.2 NAME	<b>Rose Marie Thomas</b>
STREET ADDRESS	<b>1100 LAKE STREET</b>	1.3 STREET ADDRESS	<b>1187 Hillcrest Road</b>
CITY-ST-ZIP	<b>OAK PARK IL</b>	1.4 CITY-ST-ZIP	<b>Beverly Hills, CA 90210</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>1st Vice Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHADYAC, RICHARD C.</b>	2.2 NAME	<b>Paul K. Hajar</b>
STREET ADDRESS	<b>5661 COLUMBIA PIKE, SUITE 101</b>	2.3 STREET ADDRESS	<b>28 Lancelot Court</b>
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	2.4 CITY-ST-ZIP	<b>Norwood, MA 02062</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUICK, TOM</b>	3.2 NAME	
STREET ADDRESS	<b>28 BROADWAY, 11TH FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>2nd Vice Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABERCIA, RALPH</b>	4.2 NAME	<b>Joseph G. Shaker</b>
STREET ADDRESS	<b>12438 MEMORIAL DRIVE</b>	4.3 STREET ADDRESS	<b>1100 Lake Street</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>	4.4 CITY-ST-ZIP	<b>Oak Park, IL 60301</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>SIMON, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>20580 HOOVER ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DETROIT MI</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. **American Lebanese Syrian Associated Charities, Inc.**

SIGNATURE:

*Richard C. Shadyac*

REQUIRED

Richard C. Shadyac 4/6/98 901/522-9733

CR2E037 (10/97)