

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90082 034 ****61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/06/1965

4. FEI Number

35-1044585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **C**
STREET ADDRESS **SHAKER, ANTHONY**
CITY-ST-ZIP **1100 LAKE STREET**
OAK PARK IL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHADYAC, RICHARD C.**
CITY-ST-ZIP **5661 COLUMBIA PIKE, SUITE 101**
FALLS CHURCH VA

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **QUICK, TOM**
CITY-ST-ZIP **26 BROADWAY, 11TH FLOOR**
NEW YORK NY

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ABERCIA, RALPH**
CITY-ST-ZIP **12438 MEMORIAL DRIVE**
HOUSTON TX

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **SIMON, PAUL**
CITY-ST-ZIP **20580 HOOVER ROAD**
DETROIT MI

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **THOMAS, ROSE MARIE**
CITY-ST-ZIP **1187 HILLCREST ROAD**
BEVERLY HILLS CA 90210

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman** ☒ Change ☐ 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** ☒ Change ☐ 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** ☒ Change ☐ 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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIG Richard C. Shadyac

1/18/99

901/522-9733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard C. Shadyac Date

Daytime Phone #

CR2E037 (11/98)