

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003484

Entity Name: FLORIDA SOCIETY FOR MIDDLE EAST STUDIES, INC.**Current Principal Place of Business:**6900 ASHTON STREET
BOYNTON BEACH, FL 33437**Current Mailing Address:**P O BOX 3282
BOCA RATON, FL 33427 US**FEI Number:** 20-2669236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWMARK, BOB A
6900 ASHTON STREET
BOYNTON BEACH, FL 33437 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SANDLER, LOUIS
Address	PO BOX 2382
City-State-Zip:	BOCA RATON FL 33427

Title	TD
Name	NEWMARK, JANE
Address	PO BOX 2382
City-State-Zip:	BOCA RATON FL 33427

Title	PD
Name	NEWMARK, BOB
Address	PO BOX 2382
City-State-Zip:	BOCA RATON FL 33427

Title	SD
Name	HONIG, ARNOLD
Address	P O BOX 3282
City-State-Zip:	BOCA RATON FL 33427

Title	D
Name	KLITZBERG, RICHARD
Address	PO BOX 2382
City-State-Zip:	BOCA RATON FL 33427

Title	D
Name	CUTLER, PAUL
Address	PO BOX 2382
City-State-Zip:	BOCA RATON FL 33427

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB NEWMARK**PRESIDENT****05/04/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date