

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008878

**Entity Name:** CHRISTIAN ARAB AMERICANS SOCIAL CLUB, INC

**FILED**  
**May 05, 2020**  
**Secretary of State**  
**4660523789CC**

**Current Principal Place of Business:**

12608 MUIRFIELD BLVD S  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

12608 MUIRFIELD BLVD SOUTH  
JACKSONVILLE, FL 32225 US

**FEI Number: 81-3813390**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEMETREE, WAJEEH  
12608 MUIRFIELD BLVD S  
JACKSONVILLE, FL 32225 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            SEC  
Name            DEMETREE, WAJEEH  
Address        12608 MUIRFIELD BLVD S  
City-State-Zip: JACKSONVILLE FL 32225

Title            P  
Name            HAYSSAM, YAZJI  
Address        7247 PLACID OAKS DR  
City-State-Zip: JACKSONVILLE FL 32277

Title            MEM  
Name            SALAM, BONNI  
Address        255 CLEARWATER DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            MEM  
Name            MAJED, RADHAA  
Address        9261 STARPASS DR  
City-State-Zip: JACKSONVILLE FL 32256

Title            OFFICER  
Name            YAZIGI, ABDO  
Address        12616 MISSION HILLD CIR S  
City-State-Zip: JACKSONVILLE FL 32225

Title            OFFICER  
Name            MASSIS, BADIH  
Address        5463 CATSPAW LANE  
City-State-Zip: JACKSONVILLE FL 32277

Title            OFFICER  
Name            KASEER, INAM  
Address        12470 APPLE LEAF DR  
City-State-Zip: JACKSONVILLE FL 32224

*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: WAJEEH M DEMETREE**

**SECRETARY**

**05/05/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date