

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2009
Secretary of State**

DOCUMENT# 710687

Entity Name: SLAC OF FLORIDA, INC.

Current Principal Place of Business:

3520 W. LINA LANE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

3520 W. LINA LANE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-1889837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMMAL, TOUFIC
3520 W. LINA LANE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHARY, CARLOS
Address: 2019 VANDERBILT PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: JAMMAL, TOUFIC
Address: 3520 WEST LINA LANE
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: FEKANY, ANITA
Address: 5703 RED BUG LAKE ROAD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V.P () Delete
Name: MACKOUL, GEORGE
Address: 1628 SAN MARCO BLVD #16
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: FAKRAJIAN, VASKEN
Address: 541 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOUFIC JAMMAL

TR.

04/26/2009

Electronic Signature of Signing Officer or Director

Date