## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

ORLANDO FL 32807

1208 CANTON AVE.

ORLANDO FL 32853

P O BOX 531051

739763

(1)

Mailing Address

1208 CANTON AVE.

ORLANDO FL 32853

2a. Mailing Address

P O BOX 531051

SYRIAN LEBANON AMERICAN CLUB OF ORLANDO, INC.

## FILED Feb 18 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified		
	07/29/1977	 	
4,	FEI Number		Applied For
	59-1889837		Not Applicable
6.	Certificate of Status Desired	\$8.7	5 Additional

Fee Required

Zip Code

Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees			
City & State		City & State			7. Is this nonprofit corporation a homeowners association?  Yes No			
Zip	Country 25	Zip <b>29</b>	Country 30	y .	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes No	le		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
DEEB, MIKE	ett e et		81	S	AME ress (P.O. Box Number is Not Acceptable)			

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.

City

SIGNATURE						
	Signature, typed or printed name of registered agent and (itle if ap	oplicable (NOTE: I		e required when reinstating)	ATE	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 12
TITLE	P	<b>₹</b> DELETE	1.1 TITLE	P	Change Change	☐ Addition
NAME	BESHARA, BETTY		1.2 NAME	Charles Ferrell		
STREET ADDRESS	2942 MOORCFRAFT COURT		1.3 STREET ADDRESS	6525 Moore St.		
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP	Orlando, Fl. 32818		
TITLE	SPD	<b>K</b> DELETE	2.1 TITLE	SPD	Change	☐ Addition
NAME	BASILA, JOHN		2.2 NAME	Amine Harb		
STREET ADDRESS	4709 JAMERSON PL		2.3 STREET ADDRESS	9025 Balmoral Mews Sc	1.	
CITY-ST-ZIP	ORLANDO FL 32807		2. 4 CITY - ST - ZIP	Orlando, Fl. 32815		
TITLE	VPD	DELETE	3.1 TITLE	VPD	Change	■ Addition
NAME	JOHARY, CARLOS		3.2 NAME	Tanya Harmon		
STREET ADDRESS	2019 VANDERBILT PT		3.3 STREET ADDRESS	1325 Ceylon Dr.		
CITY-ST-ZIP	LONGWOOD FL 32779		3.4. CITY-ST-ZIP	Orlando, Fl. 32806		
TITLE	T	DELETE	4.1 TITLE	m .	Change	Addition
NAME	DEEB, THELMA		4. 2 NAME	Thelma Deeb		
STREET ADDRESS	743 MARCASTLE ST.		4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807		4.4 CITY-ST-ZIP	743 Marcastle St. Orlando, Fl. 32807		
TITLE	S	<b>K</b> DELETE	5.1 TITLE	ls .	Change	Addition
NAME	Shakar, Edward		5.2 NAME	Traci Aide		
STREET ADDRESS	P.O. BOX 568826 N/A		5.3 STREET ADDRESS	3351 W. St. Brides Ci	r.	
CITY-ST-ZIP	ORLANDO FL 32856		5.4 CITY-ST-ZIP	Orlando, Fl. 32806		
TITLE	D	DELETE	6.1 TITLE	D	☐ Change	Addition
NAME	BASILA, JOE		6.2 NAME	Joe Basila 4873 Eastwind Ave.		
STREET ADDRESS	4873 EASTWIND AVE		6.3 STREET ADDRESS			
CITY.ST. 7IP	ORIANDO EL 32812		6.4 City. St. 7IP	Orlando, Fl. 32812		

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.

**SIGNATURE:** 

Harles K

Mitch!

President

15-198 (407)293-

293-5600

CR2E037 (10/9)