

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739763

FILED
Apr 12, 2006
Secretary of State

Entity Name: SYRIAN LEBANON AMERICAN CLUB OF ORLANDO, INC.

Current Principal Place of Business:

P.O. BOX 531051
ORLANDO, FL 32853

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531051
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 59-3523680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKAFF, GARY
3394 FERNLAKE PLACE
LONGWOOD, FL 32779 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: HAJJAR, FOUAD DR.
Address: 9827 CAMBERLEY C
City-St-Zip: ORLANDO, FL 32836 US

Title: VP 1 () Delete
Name: SKAFF, GARY
Address: 3394 FERNLAKE PLACE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP 2 () Delete
Name: JOHARY, CARLOS DR
Address: 2019 VANDERBILT POINT.
City-St-Zip: LONGWOOD, FL 32779 US

Title: SD () Delete
Name: PELLITTERE, JOSEPH
Address: 3308 GLEN VILLAGE COURT
City-St-Zip: ORLANDO, FL 32822 US

Title: TD () Delete
Name: FEKANY, ANITA
Address: 503 PLEASANT GROVE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D () Delete
Name: JAMMAL, EMILE
Address: 307 MURPHY ROAD
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: SD (X) Change () Addition
Name: SHAW, MARIE
Address: 2410 EATON LANE
City-St-Zip: ORLANDO, FL 32804 US

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 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: FOUAD HAJJAR

DR.

04/12/2006

Electronic Signature of Signing Officer or Director

Date