2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739763

FILED Feb 27, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 531051 3394 FERNLAKE PLACE ORLANDO, FL 32853 LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** P.O. BOX 531051 ORLANDO, FL 32853 FEI Number: 59-3523680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKAFF, GARY 3394 FÉRNLAKE PLACE US LONGWOOD, FL 32779 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HAJJAR, FOUAD DR. SKAFF, GARY J Name: Name: 9827 CAMBERLEY C Address: 3394 FERNLAKE PLACE Address: City-St-Zip: ORLANDO, FL 32836 US City-St-Zip: LONGWOOD, FL 32779 US Title: Title: (X) Change () Addition () Delete SKAFF, GARY Name: JOHARY, CARLOS DR Name: Address: 3394 FERNLAKE PLACE Address: 2019 VANDERBILT POINT City-St-Zip: LONGWOOD, FL 32779 US City-St-Zip: LONGWOOD, FL 32779 US Title: VP 2 () Delete Title: VP 2 (X) Change () Addition JOHARY, CARLOS DR HOLLIDAY, DAVID Name: Name: 2019 VAVDERBILT POINT. 943 HOLLOWELL Address: Address: City-St-Zip: LONGWOOD, FL 32779 US City-St-Zip: ORLANDO, FL 32828 US Title: SD () Delete Title: (X) Change () Addition Name: SHAW, MARIE Name: DANISH, BUSHRUI B 2410 EATON LANE 1006 BRADFORD DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32804 US City-St-Zip: WINTER PARK, FL 32792 Title: () Delete Title: () Change () Addition FEKANY, ANITA Name: Name: 503 PLEASANT GROVE DRIVE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: Title: () Delete Title: () Change () Addition JAMMAL, EMILE Name: Name: Address: 307 MURPHY ROAD Address: WINTER SPRINGS, FL 32708 US City-St-Zip: 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: GARY SKAFF P 02/27/2007