

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754515

FILED
Feb 06, 2009
Secretary of State

Entity Name: ARAB-AMERICAN CULTURAL CENTER, INC.

Current Principal Place of Business:

2800 PONCE DE LEON 140
140
MIAMI, FL 33134 US

Current Mailing Address:

2800 PONCE DE LEON 140
140
MIAMI, FL 33134 US

New Principal Place of Business:

2800 PONCE DE LEON
140
CORAL GABLES, FL 33134 US

New Mailing Address:

2800 PONCE DE LEON
140
CORAL GABLES, FL 33134 US

FEI Number: 59-2088198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHAWI, ELIAS
6130 SW 93 AVE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

GHAWI, ELIAS
2800 PONCE DE LEON
140
CORAL GABLES, FL 33134 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: ELIAS GHAWI

02/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORY, C.
Address: 6000 SW 30 ST
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: WARWAR, YOLA
Address: 3619 SW 42 AVE
City-St-Zip: MIAMI, FL 331347110

Title: VP () Delete
Name: SHALHUB, DON
Address: 6380 SW 44TH ST
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: COREY, FLORENCE
Address: 6000 S W 30 ST
City-St-Zip: MIAMI, FL 33155

Title: P/D () Delete
Name: GHAWI, ELIAS,
Address: 6130 S.W. 93 AVE.
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: BELLAMY, A.M.
Address: 291 W. 59 ST
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORY, SEBRA
Address: 6000 SW 30 ST
City-St-Zip: MIAMI, FL 33155

Title: D (X) Change () Addition
Name: WARWAR, YOLANDA
Address: 3619 SW 42 AVE
City-St-Zip: MIAMI, FL 331347110

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

Title: SD (X) Change () Addition
Name: COREY, FLORENCE
Address: 7721 SW 22 ST
City-St-Zip: MIAMI, FL 33155

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: ELIAS GHAWI

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date