2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# 819203

Entity Name: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Current Principal Place of Business:

501 ST. JUDE PLACE
MEMPHIS, TN 38105

New Principal Place of Business:

Current Mailing Address:

501 ST. JUDE PLACE
MEMPHIS, TN 38105

New Mailing Address:

FEI Number: 35-1044585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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:	D	( ) Delete
Name:	SIMON, GEORGE A	
Address:	20580 HOOVER RD	
City-St-Zip:	DETROIT, MI 48205	
Title:	PC	( ) Delete
Name:	SHAKER, JOSEPH G	
Address:	1100 LAKE STREET	
City-St-Zip:	OAK PARK, IL 60301	
Title:	VC	( ) Delete
Name:	OTHMAN, TALAT M	
Address:	3432 MONITOR LANE	
City-St-Zip:	LONG GROVE, IL 60047	
Title:	D	( ) Delete
Name:	HARRIS, FRED R	
Address:	1000 KANSAS ST	
City-St-Zip:	MEMPHIS, TN 38106	
Title:	V	( ) Delete
Name:	NICHOLS, RANDY	
Address:	501 ST JUDE PLACE	
City-St-Zip:	MEMPHIS, TN 38105	
Title:	2VCT	( ) Delete
Name:	JOYCE, ABOUSSIE	
Address:	3800 HAMPTON AVE	
City-St-Zip:	SAINT LOUIS, MO 63109	

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:	
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 Section 119.07(3)(i), 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: JOSEPH G. SHAKER PC 04/15/2004

Electronic Signature of Signing Officer or Director — Date