

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001491

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** THE AMERICAN LEBANESE FOUNDATION, INC.

**Current Principal Place of Business:**

1915 BRICKELL AVENUE  
# C 701  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 450873  
MIAMI, FL 33245

**New Mailing Address:**

**FEI Number:** 20-0760960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAHINE, ROBERT DR  
1915 BRICKELL AVENUE  
C701  
MIAMI, FL 33129 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  
**Name:** CHAHINE, ROBERT DR.  
**Address:** 1915 BRICKELL AVENUE #C701  
**City-St-Zip:** MIAMI, FL 33129

**Title:** D  
**Name:** MAHFOUD, TONY  
**Address:** PO BOX 450873  
**City-St-Zip:** MIAMI, FL 33245

**Title:** D  
**Name:** KILISSANLY, PETER  
**Address:** PO BOX 450873  
**City-St-Zip:** MIAMI, FL 33245

I hereby 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 all other like empowered.

**SIGNATURE:** DR ROBERT CHAHINE

D

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date