

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003484

FILED
Feb 16, 2008
Secretary of State

Entity Name: FLORIDA SOCIETY FOR MIDDLE EAST STUDIES, INC.

Current Principal Place of Business:

7209 PROMENADE DRIVE, D-401
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

P O BOX 3282
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 20-2669236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BDB AGENT CO.
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 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: DP () Delete
Name: SANDLER, LOUIS
Address: PO BOX 2382
City-St-Zip: BOCA RATON, FL 33427

Title: VPD () Delete
Name: GORDON, SAUL
Address: PO BOX 2382
City-St-Zip: BOCA RATON, FL 33427

Title: DCS () Delete
Name: FOWLER, NANCY
Address: PO BOX 2382
City-St-Zip: BOCA RATON, FL 33427

Title: D () Delete
Name: ABRAMS, IONE
Address: PO BOX 2382
City-St-Zip: BOCA RATON, FL 33427

Title: D () Delete
Name: BIRNBAUM, HAROLD
Address: PO BOX 2382
City-St-Zip: BOCA RATON, FL 33427

Title: D () Delete
Name: CUTLER, PAUL
Address: PO BOX 2382
City-St-Zip: BOCA RATON, FL 33427

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: NEWMARK, BOB
Address: PO BOX 2382
City-St-Zip: BOCA RATON, FL 33427

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 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: BOB A NEWMARK

TD

02/16/2008

Electronic Signature of Signing Officer or Director

Date