

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010442

FILED
Oct 30, 2009
Secretary of State

Entity Name: MOROCCAN AMERICAN SOCIO-CULTURAL CENTER INC

Current Principal Place of Business:

3501 W VINE ST
SUITE 351
KISSIMMEE, FL 34741

New Principal Place of Business:

2617 BRITTANY LANE
KISSIMMEE, FL 34746

Current Mailing Address:

3501 W VINE ST
SUITE 351
KISSIMMEE, FL 34741

New Mailing Address:

2617 BRITTANY LANE
KISSIMMEE, FL 34746

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMELIA, TORRES
4300 S. SEMORAN BLVD.
SUITE 208
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

YOUSSEF, JOUDAANE
3501 W VINE ST
SUITE 351
KISSIMMEE, FL 34741 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: MIMI CHAMI

10/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMILA MIMI, CHAMI
Address: 2617 BRITTANY LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: TR () Delete
Name: YOUSSEF, JOUDAANE
Address: 5513 HAMILN CLOSE RD.
City-St-Zip: DAVENPORT, FL 33896

Title: SEC () Delete
Name: CRISTIENN, JOUDAANE
Address: 5513 HAMLIN CLOSE RD.
City-St-Zip: DAVENPORT, FL 33896

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:

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: JAMILA MIMI CHAMI

P

10/30/2009

Electronic Signature of Signing Officer or Director

Date