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Apr 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 35936
1. Corporation Name
ARAB AMERICAN Community Center

Principal Place of Business Mailing Address
P.O. Box 150338
Altamonte Springs, FL 32715-0338

2. Principal Place of Business	2a. Mailing Address
21 as above	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent
Ahmad Saidi
2840 Kinnon Drive
Orlando, FL 32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS (1998)	
TITLE	NAME
NAME	*President
STREET ADDRESS	8034 Dorsel Court
CITY-ST-ZIP	Orlando, FL 32819
TITLE	NAME
NAME	*Secretary
STREET ADDRESS	10197 Brandon Cir
CITY-ST-ZIP	Orlando, FL 32836
TITLE	NAME
NAME	*Treasurer
STREET ADDRESS	Ghada Farran
CITY-ST-ZIP	806 Toledo Dr
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

Dr. Khaled Diab
3013 Cullen Lake Shore Dr
Orlando, FL 32812
Dan Bushru
1006 Bradford Dr
Winter Park, FL 32789
Olga Shearer
625 Truesdell Ave
Altamonte Springs, FL 32701

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  3/17/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #