

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90019 014 ****61.25

DOCUMENT # N35936

1. Corporation Name

ARAB AMERICAN COMMUNITY CENTER, INC.

Principal Place of Business

P.O. BOX 105338
ALTAMONTE SPRINGS FL 32715-0338

Mailing Address

P.O. BOX 105338
ALTAMONTE SPRINGS FL 32715-0338



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/27/1990

4. FEI Number

59-3064354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SAIDI, AHMAD Y
2840 KINNON DRIVE
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
MANSOUR, RIAD
STREET ADDRESS **8034 DORSEL COURT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ DELETE

NAME **S**
HAMADIEH, MANAL A
STREET ADDRESS **10197 BRANDON CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ DELETE

NAME **T**
FARRAN, GHADA
STREET ADDRESS **806 TOLEDO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME **D**
DIAB, KHALED DR
STREET ADDRESS **3013 CULLEN LAKE SHORE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ DELETE

NAME **D**
BUSHRUI, DAN
STREET ADDRESS **10006 BRADFORD DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32892**

TITLE ☐ DELETE

NAME **D**
SHEARER, OLGA
STREET ADDRESS **625 TRUESDELL AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)