

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35936

FILED
Mar 02, 2006
Secretary of State

Entity Name: ARAB AMERICAN COMMUNITY CENTER, INC.

Current Principal Place of Business:

7041 GRAND NATIONAL DR.
SUITE 231
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7041 GRAND NATIONAL DR.
SUITE 231
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3064354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDER, CHARLES D
1131 SYMONDS AVE.
WINTER PARK, FL 32789 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: P () Delete
Name: NEAL, ABID V
Address: 1805 OAK VISTA TERR
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: LOUKACH, DYNA
Address: 7041 GRAND NATIONAL DR.
City-St-Zip: ORLANDO, FL 32819

Title: T () Delete
Name: SEIF, ALI
Address: 7041 GRAND NATIONAL DR.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: ARURI, HASSAN
Address: 10306 WINDERMERE CHASE BLVD.
City-St-Zip: DUNCAN FALLS, OH 43734

Title: D () Delete
Name: MAALI, ZEJAD DR
Address: 6289 INDIAN MEADOW ST.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: RIZKALLAH, KHALIL
Address: 8704 BENOIT AVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: ATA, OMAR
Address: 7041 GRAND NATIONAL DR.
City-St-Zip: ORLANDO, FL 32819

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

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

Title: D (X) Change () Addition
Name: HILAL, KHALIL
Address: 7041 GRAN NATL DR, SUITE 231
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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: NEAL ABID

P

03/02/2006

Electronic Signature of Signing Officer or Director

Date