

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43363

FILED
Mar 16, 2008
Secretary of State

Entity Name: WORLD REFUGEE CHARITY, INC.

Current Principal Place of Business:

7400 62ND TERRACE
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 22429
ST PETERSBURG, FL 33742

New Mailing Address:

FEI Number: 59-3104289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAMER, MONA
5200 SPRINGWOOD BLVD
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

THAMER, MONA
7400 62ND TERRACE
PINELLAS PARK, FL 33781 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: MONA THAMER

03/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAKKI, SAM
Address: 8547 MERRIMOOR BLVD E.
City-St-Zip: LARGO, FL 33777

Title: S () Delete
Name: BARBARA, HAKKY
Address: 8547 MERRIMOOR BLVD E
City-St-Zip: LARGO, FL 33777

Title: TT () Delete
Name: THAMER, MONA
Address: 5200 SPRINGWOOD BLVD
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VP () Delete
Name: HAKKI, HAMID
Address: 8547 MERRIMOOR BLVD E
City-St-Zip: LARGO, FL 33777 US

Title: VP () Delete
Name: OSMAN, MAGDY
Address: 5200 SPRINGWOOD BLVD
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VP () Delete
Name: HAKKI, HADI I
Address: 7400 62 TERRACE
City-St-Zip: PINELLAS PARK, FL 33781 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TT (X) Change () Addition
Name: THAMER, MONA
Address: 7400 62ND TERRACE
City-St-Zip: PINELLAS PARK, FL 33781 US

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

Title: VP (X) Change () Addition
Name: OSMAN, MAGDY
Address: 7400 62ND TERRACE
City-St-Zip: PINELLAS PARK, FL 33781 US

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: SAM HAKKI

P

03/16/2008

Electronic Signature of Signing Officer or Director

Date