FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 8:58

DOCUMENT # N94000000759 (0)

1. Corporation Name

LEBANESE-AMERICAN CLUB OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
6722 LA LOMA DRIVE JACKSONVILLE FL 32217	6722 LA LOMA DRIVE JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report:
4. FEI Number: 59-3224722 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4345 University Blvd S.	26 PO Box 23526
Suite, Apt. #, etc. 22 # 3	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL.	City & State 28 Jacksonville, FL
Zip 24 32216 Country 25	Zip 29 32241-3526 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NAJEM, LAWRENCE J 6722 LA LOMA DRIVE JACKSONVILLE FL 32217	81 Name: John M. Assi MD. 82 Street Address (P.O. Box Number is Not Acceptable): 1522 Emerson St. 83 84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ASSI, JOHN M	12 NAME	
STREET ADDRESS	6722 LA LOMA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NAJEM, WILLIAM B	22 NAME	
STREET ADDRESS	6722 LA LOMA DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ZEAITER, ALBERT	32 NAME	
STREET ADDRESS	6722 LA LOMA DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BARAKAT, PAUL	42 NAME	
STREET ADDRESS	6722 LA LOMA DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	NAJEM, JOANN A	52 NAME	
STREET ADDRESS	6722 LA LOMA DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BAHRI, GEORGE	62 NAME	
STREET ADDRESS	6722 LA LOMA DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 6/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Chairman, President

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