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Aug 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE -- <b>Sandra B. Morthorn</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000759 (0)**

1. Corporation Name

**LEBANESE-AMERICAN CLUB OF JACKSONVILLE, INC.**



Principal Place of Business	Mailing Address
4345 UNIVERSITY BLVD STE 3 JACKSONVILLE FL 32216 US	P O BOX 23526 JACKSONVILLE FL 32241-3526 US

3. Date Incorporated or Qualified	02/15/1994
4. FEI Number	59-3224722
Applied For	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
ASSI, JOHN A MD 1522 EMERSON ST JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name Gaby Bahri DDS
82 Street Address (P.O. Box Number is Not Acceptable)
7925 Merrill rd Appt # 1908
83
84 City Jacksonville FL
85 Zip Code 32277

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 *Gaby Bahri* **Gaby Bahri President** 05/23/1998

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ASSI, JOHN M
STREET ADDRESS	6722 LA LOMA DRIVE
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MAHFOUD, TONI
STREET ADDRESS	6722 LA LOMA DRIVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ZEATER, ALBERT
STREET ADDRESS	6722 LA LOMA DRIVE
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	<input type="checkbox"/> DELETE
NAME	BARAKAT, PAUL
STREET ADDRESS	6722 LA LOMA DRIVE
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	NAJEM, JOANN A
STREET ADDRESS	6722 LA LOMA DRIVE
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BAHRI, GEORGE
STREET ADDRESS	6722 LA LOMA DRIVE
CITY - ST - ZIP	JACKSONVILLE FL 32217

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr John Assi
1.3 STREET ADDRESS	3741 Cathedral Oaks Pl N.
1.4 CITY - ST - ZIP	Jacksonville FL, 32217
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gaby Bahri DDS
2.3 STREET ADDRESS	7925 Merrill rd Appt # 1908
2.4 CITY - ST - ZIP	Jacksonville FL, 32277
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mr. Nehme Richa
3.3 STREET ADDRESS	8434 Papelon Way
3.4 CITY - ST - ZIP	Jacksonville FL, 32217
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mr. Raymond Abi-Khalil
4.3 STREET ADDRESS	5034 Rive Brook crt
4.4 CITY - ST - ZIP	Jacksonville FL, 32211
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mr. Salem Faza
5.3 STREET ADDRESS	13046 Brians Creek Drive
5.4 CITY - ST - ZIP	Jacksonville FL, 32224
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mr. Louis Shamaly
6.3 STREET ADDRESS	9280 Jaybird Circle East
6.4 CITY - ST - ZIP	Jacksonville FL, 32257

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.

SIGNATURE *Gaby Bahri* 04-22-1998 641-9503

CR2E037 (10/97)