

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739763

Entity Name: SYRIAN LEBANESE AMERICAN CLUB OF ORLANDO, INC.**Current Principal Place of Business:**307 MURPHY ROAD
WINTER SPRINGS, FL 32708**Current Mailing Address:**307 MURPHY ROAD
WINTER SPRINGS, FL 32708 US**FEI Number: 59-3523680****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HAWKINS, THERESEA B
4229 CONWAY PLACE CIRCLE
ORLANDO, FL 32812 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	JAMMAL, EMILE
Address	307 MURPHY ROAD
City-State-Zip:	WINTER SPRINGS FL 32708

Title	TREASURER
Name	VIATOR II, TED W
Address	701 FORT CHRISTMAS ROAD
City-State-Zip:	CHULUOTA FL 32766

Title	DIRECTOR
Name	SHAW, GARY
Address	2410 EATON LANE
City-State-Zip:	ORLANDO FL 32804

Title	VP
Name	HOLLIDAY, DAVID
Address	943 HALLOWELL CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	SECRETARY
Name	AIDE, TERI
Address	5120 ANDREA BLVD.
City-State-Zip:	ORLANDO FL 32807

Title	DIRECTOR
Name	DANISH, BUSHRUI B
Address	1006 BRADFORD DRIVE
City-State-Zip:	WINTER PARK FL 32792

Title	VP
Name	JOHARY, SONIA
Address	2019 VANDERBILT PLACE
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	SHAW, MARIE
Address	2410 EATON LANE
City-State-Zip:	ORLANDO FL 32804

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I hereby 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 all other like empowered.

SIGNATURE: TED W VIATOR II**TREASURER****03/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHAKAR, ROBERT
Address 125 RED CEDAR DRIVE
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name BASILA, JOHN
Address 4709 JAMERSON PL
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR
Name BESHARA, EDWARD
Address 989 VICTORIA TERRACE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name DANDAN, GEORGE
Address 21 HIGH VISTA DRIVE
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name KHOURY, EDISON
Address 9298 LAKE SHARP COURT
City-State-Zip: ORLANDO FL 32817