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

APPROVED AND FILED
95 MAR 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722095 (7)

1. Corporation Name

ST. PHILIP EASTERN ORTHODOX CHURCH OF BROWARD CO UNTY, INC.

Principal Place of Business	Mailing Address
4870 GRIFFIN ROAD DAVIE FL 33314 US	4870 GRIFFIN ROAD DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1971
3a. Date of Last Report: 03/17/1994
4. FEI Number: 72-2095160 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

THOMAS, THOMAS
1917 HARRISON ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	SD ☐ Change ☐ Addition
NAME	DORTA, DAVID	12 NAME	DORTA, DAVID
STREET ADDRESS	5660 CARRIAGE HILL LANE	13 STREET ADDRESS	5660 CARRIAGE HILL LN
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	DAVIE, FL. 33331
TITLE	VD	21 TITLE	VPD ☐ Change ☐ Addition
NAME	BUTLER, MIKE	22 NAME	MORSANA, NIHMAT
STREET ADDRESS	5307 SW 116TH TERR.	23 STREET ADDRESS	730 SW 99 AV
CITY-ST-ZIP	COOPER CITY FL	24 CITY-ST-ZIP	PEMBROKA PINES, FL. 33025
TITLE	TD	31 TITLE	TD ☐ Change ☐ Addition
NAME	SEDAWIE, EDWARD N.	32 NAME	MCAFEE, JEFFERY
STREET ADDRESS	9021 S.W. 56TH ST.	33 STREET ADDRESS	95 SW 113 TERR
CITY-ST-ZIP	COOPER CITY FL	34 CITY-ST-ZIP	PEMBROKE PINES, FL. 33025
TITLE	SD	41 TITLE	PD ☐ Change ☐ Addition
NAME	REYES, LORETTA G.	42 NAME	HOWARD, DONALD
STREET ADDRESS	1440 SW 82ND TERR.	43 STREET ADDRESS	212 THREE ISLAND BLVD.
CITY-ST-ZIP	PLANTATION FL	44 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE		51 TITLE	ATD ☐ Change ☐ Addition
NAME		52 NAME	SEDAWIE, EDWARD N.
STREET ADDRESS		53 STREET ADDRESS	9021 SW 56 ST
CITY-ST-ZIP		54 CITY-ST-ZIP	COOPER CITY, FL. 33328
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

3/30

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)(k), 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.

305

SIGNATURE: EDWARD N. SEDAWIE 3/24/95 584-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6044451