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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 11/15/1971

4. FEI Number: 72-2095160 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 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 _____ 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	SD	☐ DELETE	1.1 TITLE	VP·O	☒ Change ☐ Addition
NAME	HAOH, HENRI		1.2 NAME	HAGE, HENRI	
STREET ADDRESS	671 NW 48 AVE		1.3 STREET ADDRESS	(SAME ADDRESS)	
CITY-ST-ZIP	COCONUT CREEK FL 33065		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	MORSANA, NIHMAT		2.2 NAME	SUR ZAKAIB	
STREET ADDRESS	730 SW 99 AVE		2.3 STREET ADDRESS	2214 NOVA VILLAGE DR	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	DAVIE, FL. 33317	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAYDAR, FADY		3.2 NAME		
STREET ADDRESS	6800 CYPRESS RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, DONALD		4.2 NAME		
STREET ADDRESS	212 THREE ISLAND BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP		
TITLE	ATD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SEDAWIE, EDWARD N.		5.2 NAME		
STREET ADDRESS	9021 S.W. 56 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [signature] EDWARD SEDAWIE 4/26/98 954-584-4030