FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 722095

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

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 292516	3. Date Incorporated or Qualifed 11/15/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 72-2095160 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 DAVIE, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33329 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, THOMAS
1917 HARRISON ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	VPO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAGE, HENRI		1.2 NAME	
STREET ADDRESS	671 NW 48 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33065		1.4 CITY-ST-ZIP	600002911386--1 -06/21/93--01149--021
TITLE	SD	☐ DELETE	2.1 TITLE	*****61.25 ☐ Change ☐ Addition *****61.25
NAME	ZAKAIB, SUH		2.2 NAME	
STREET ADDRESS	2214 NOVA VILLA AVE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33317		2.4 CITY-ST-ZIP	
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 4/30
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] EDWARD SEDAWIE 4/25/99 954-434-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #