2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90170 042 ****61.25

DOCUMENT # 722095

1. Entity Name

ST. PHILIP EASTERN ORTHODOX CHURCH OF BROWARD CO

Principal Place of Business	Mailing Address
4870 GRIFFIN ROAD DAVIE FL 33314 US	P.O. BOX 292516 DAVIE FL 33329-2516 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~72-2095160~~ 65-096 3159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, THOMAS 1917 HARRISON ST HOLLYWOOD FL 33020	Name FR. ALEX KOURI Street Address (P.O. Box Number is Not Acceptable) 650 CARRINGTON DR. ~~WESTON FL 33326~~ City WESTON FL Zip Code 33326

8. 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 [signature] FR. ALEX M. KOURI 4-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPO HAGE, HENRI 671 NW 48 AVE COCONUT CREEK FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GARY COLSON 711 NO. RAINBOW DR. HOLLYWOOD, FL. 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZAKAIB, SUH 2214 NOVA VILLA AVE DR DAVIE FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ HAYDAR, FADY 6800 CYPRESS RD PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PTD~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARD, DONALD 212 THREE ISLAND BLVD. HALLANDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ATD~~ SEDAWIE, EDWARD N. 9021 S.W. 56 ST COOPER CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/7/2000 954-434-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #