

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 722095**

1. Entity Name

ST. PHILIP EASTERN ORTHODOX CHURCH OF BROWARD CO**FILED**
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90556 019 ****61.25

0048458

Principal Place of Business

**4870 GRIFFIN ROAD
DAVIE FL 33314
US**

Mailing Address

**P.O. BOX 292516
DAVIE FL 33329
US****020832**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-2095160

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KOURI, FR. ALEX
650 CARRINGTON DR
WESTON FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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	VPO	☒ Delete
NAME	CORSON, GARY	
STREET ADDRESS	711 N RAINBOW DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VPD	☐ Change ☒ Addition
NAME	NICHOLAS SAJAKA	
STREET ADDRESS	316 NW 78 AV	
CITY-ST-ZIP	PLANTATION FL. 33324	

TITLE	SD	☐ Delete
NAME	ZAKAIB, SUH	
STREET ADDRESS	2214 NOVA VILLA AVE DR	
CITY-ST-ZIP	DAVIE FL 33317	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	☒ Delete
NAME	HAYDAR, FADY	
STREET ADDRESS	6800 CYPRESS RD	
CITY-ST-ZIP	PLANTATION FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Delete
NAME	HOWARD, DONALD	
STREET ADDRESS	212 THREE ISLAND BLVD.	
CITY-ST-ZIP	HALLANDALE FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	☐ Delete
NAME	SEDAWIE, EDWARD N.	
STREET ADDRESS	9021 S.W. 56 ST	
CITY-ST-ZIP	COOPER CITY FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDWARD SEDAWIE 2/19/2001 954-584-4030

CR2E037 (10/00)