2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 722095

FILED Jun 14, 2005 Secretary of State

Entity Name: ST. PHILIP EASTERN ORTHODOX CHURCH OF BROWARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

4870 GRIFFIN ROAD **DAVIE, FL 33314**

Current Mailing Address: New Mailing Address:

P.O. BOX 292516 4870 GRIFFIN ROAD **DAVIE, FL 33329** US DAVIE, FL 33314 US

FEI Number: 72-2095160 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SADAKA, NICHOLAS SADAKA, NICHOLAS

8751 W. BROWARD BLVD., STE 109 8751 W. BROWARD BLVD., STE 106 PLANTATION, FL 33324 PLANTATION, FL 33324

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: NICHOLAS SADAKA 06/14/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ZAKAIB, SUH ZAKAIB, SUE Name: Name: 2214 NOVA VILLA AVE DR Address: 2214 NOVA VILLA DR Address: City-St-Zip: **DAVIE, FL 33317** City-St-Zip: **DAVIE. FL 33317**

Title: PD () Delete Title: (X) Change () Addition

Name: HOWARD, DONALD Name: SADAKA, NICHOLAS Address: 212 THREE ISLAND BLVD. Address: 8751 W. BROWARD BLVD., STE 106

City-St-Zip:

HALLANDALE, FL City-St-Zip: PLANTATION, FL 33324

Title: () Delete Title: (X) Change () Addition DORTA, DAVID DORTA, DAVID Name: Name:

15041 N SAXON CIRCLE Address: Address: 15041 N SAXON CIRCLE City-St-Zip: FORT LAUDERDALE, FL 33331 City-St-Zip: FORT LAUDERDALE, FL 33331

Title: VPD () Delete Title: (X) Change () Addition

Name: WARDELL, HARRY Name: HOWARD, DONALD 3770 OAKRIDGE LN. 1740 E HALLANDALE BEACH BLVD Address: Address:

City-St-Zip: WESTON, FL 33331 City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS SADAKA PD 06/14/2005