2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 01, 2006 **DOCUMENT# 722095** 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:

4870 GRIFFIN ROAD **DAVIE, FL 33314**

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

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

SADAKA, NICHOLAS SADAKA, NICHOLAS

8751 W. BROWARD BLVD., STE 106 8551 W. SUNRISE BLVD., STE 102 PLANTATION, FL 33324 PLANTATION, FL 33322

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: 06/01/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ZAKAIB, SUE SADAKA, NICHOLAS G Name: Name:

2214 NOVA VILLA DR Address: 8551 W SUNRISE BLVD Address: City-St-Zip: **DAVIE, FL 33317** City-St-Zip: PLANTATION, FL 33322

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

Address: 8751 W. BROWARD BLVD., STE 106 Address: 15041 N SAXON CIRCLE

City-St-Zip: PLANTATION, FL 33324 City-St-Zip: FORT LAUDERDALE, FL 33331

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

DORTA, DAVID HAYDAR, FADY Name: Name: 15041 N SAXON CIRCLE 10111 SW 16 COURT Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33331 City-St-Zip: **DAVIE. FL 33324**

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

Name: HOWARD, DONALD Name: HADDAD, JAMES 1740 E HALLANDALE BEACH BLVD Address: Address: 1015 AVIARY ROAD

City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: WEST PALM BEACH, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 SD 06/01/2006