

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722095

FILED
Jan 07, 2007
Secretary of State

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

Current Principal Place of Business:

4870 GRIFFIN ROAD
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4870 GRIFFIN ROAD
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 72-2095160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADAKA, NICHOLAS
8551 W. SUNRISE BLVD., STE 102
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SADAKA, NICHOLAS G
Address: 8551 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

Title: PD () Delete
Name: DORTA, DAVID
Address: 15041 N SAXON CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: VP () Delete
Name: HAYDAR, FADY
Address: 10111 SW 16 COURT
City-St-Zip: DAVIE, FL 33324

Title: T () Delete
Name: HADDAD, JAMES
Address: 1015 AVIARY ROAD
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HADDAD, JAMES K
Address: 1015 AVIARY ROAD
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: JAMES K HADDAD

T

01/07/2007

Electronic Signature of Signing Officer or Director

Date