2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 722095

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:

OZONE, NICHOLAS
4870 GRIFFIN ROAD
DAVIE, FL 33314 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: SEC ( ) Delete
Name: GURREA, JULIO
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: PRES ( ) Delete
Name: RICHIE, BASIL
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: TREA ( ) Delete
Name: SEDAWIE, EDWARD
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: VP ( ) Delete
Name: KHOURY, SALIM
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVID, FL 33314

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: HICKS, BETSY
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: PRES (X) Change ( ) Addition
Name: KHOURY, SALIM T
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: TREA (X) Change ( ) Addition
Name: SEDAWIE, PAUL
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change ( ) Addition
Name: DORTA, DAVID
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: ASTR ( ) Change (X) Addition
Name: SEDAWIE, EDDIE
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify 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: SALIM T. KHOURY PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date