

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90135 006 ****61.25

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DOCUMENT # N05433

1. Corporation Name

**SAINT GEORGE COPTIC ORTHODOX CHURCH, INCORPORATE
D**

Principal Place of Business

ST GEORGE COPTIC ORTHODOX CHURCH
300 N HALIFAX AVE
DAYTONA BEACH FL 32118
US

Mailing Address

C/O FR ISAAC E BASSILY
300 N HALIFAX AVE
DAYTONA BEACH FL 32118
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/04/1984

4. FEI Number

59-2576596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BASSILY, ISAAC
300 N HALIFAX AVE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME WAHBA, WADIE W
STREET ADDRESS 1360 MASON AVE.
CITY-ST-ZIP DAYTONA BCH FL

D ☐ DELETE

NAME DEMETRIOUS, ADEL
STREET ADDRESS 67 W GRANADA AVE.
CITY-ST-ZIP ORMOND BEACH FL

D ☐ DELETE

NAME NASHED, MAGDY
STREET ADDRESS 3953 S. NOVA RD.
CITY-ST-ZIP PORT ORANGE FL

PD ☐ DELETE

NAME GIRGIS-BASSILY, ISAAC F
STREET ADDRESS 300 N HALIFAX AVE
CITY-ST-ZIP DAYTONA BEACH FL

VD ☐ DELETE

NAME ISKANDER, RAFFAT
STREET ADDRESS 206 TIMBERLINE TRAIL
CITY-ST-ZIP ORMOND BCH FL

DS ☐ DELETE

NAME ARMANIOUS, ISHAK
STREET ADDRESS 2190 S PALMETTO
CITY-ST-ZIP S DAYTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-19-99 904-258-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)