

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90001 044 \*\*\*\*61.25

**DOCUMENT # N05433**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

**928407**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2576596**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASSILY, ISAAC  
300 N HALIFAX AVE  
DAYTONA BEACH FL 32118**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE **T** ☒ Delete  
NAME **WAHBA, WADIE W**  
STREET ADDRESS **1360 MASON AVE.**  
CITY-ST-ZIP **DAYTONA BCH FL**

TITILE **SECRETARY** ☐ Change ☒ Addition  
NAME **RAMEZ AZER**  
STREET ADDRESS **1 PINE SHADOW TR.**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITILE **D** ☒ Delete  
NAME **DEMETRIOUS, ADEL**  
STREET ADDRESS **67 W GRANADA AVE.**  
CITY-ST-ZIP **ORMOND BEACH FL**

TITILE **MEMBER OF BOARD** ☐ Change ☒ Addition  
NAME **NABIL GUIRGUIS**  
STREET ADDRESS **1087 YORK WAY**  
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITILE **PD** ☐ Delete  
NAME **YOUSSEF, HG BISHOP**  
STREET ADDRESS **300 N HALIFAX AVENUE**  
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITILE **MEMBER OF BOARD** ☐ Change ☒ Addition  
NAME **ASHRAF ELSAKR**  
STREET ADDRESS **808 SMOKEHOUSE BLVD.**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITILE **VD** ☐ Delete  
NAME **GIRGIS-BASSILY, ISAAC F**  
STREET ADDRESS **300 N HALIFAX AVE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITILE **MEMBER OF BOARD** ☐ Change ☒ Addition  
NAME **MOHEB BASTA**  
STREET ADDRESS **1670 CANDE CREE RD.**  
CITY-ST-ZIP **OYLEDON FL 32766**

TITILE **D** ☒ Delete  
NAME **ISKANDER, RAFFAT**  
STREET ADDRESS **206 TIMBERLINE TRAIL**  
CITY-ST-ZIP **ORMOND BCH FL**

TITILE **MEMBER OF BOARD** ☐ Change ☒ Addition  
NAME **ASHRAF ESHAK**  
STREET ADDRESS **1308 CARPENTER BRANCH COURT**  
CITY-ST-ZIP **OYLEDON, FL 32765**

TITILE **DS** ☒ Delete  
NAME **ARMANIOUS, ISHAK**  
STREET ADDRESS **2190 S PALMETTO**  
CITY-ST-ZIP **S DAYTONA FL**

TITILE **TREASURER** ☐ Change ☒ Addition  
NAME **A. T. HANNA**  
STREET ADDRESS **2937 So. ATLANTIC AVE. #1809**  
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FR. ISAAC BASSILY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/2002 (386) 257-1122**  
Date Daytime Phone #

CR2E037 (9/01)