2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05433

1. Entity Name

Principal Place of Business

DAYTONA BEACH FL 32118

300 N HALIFAX AVE

US

SAINT GEORGE COPTIC ORTHODOX CHURCH, INCORPORATE



Mailing Address ST GEORGE CEPTIC ORTHODOX CHURCH C/O FR ISAAC E BASSILY 300 N HALIFAX AVE DAYTONA BEACH FL 32118

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90105 046 ****61.25

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2. Principal Place of Business		3. Mailing Addres	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59 -	35 E51 0330		Applied For	
Zip	Country	Zip	Country		5. Certificate of State	\$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			Street Address (P.O. Box Number is Not Acceptable)					
				City		FI	_ ' '	Code
8. The above named the obligations of	d entity submits this stateme registered agent.	ent for the purpose of chang	ging its register	ed office or reg	pistered agent, or both, in the	State of Florida. I am	ı familiar ı	with, and accept
SIGNATURE								
Signature	e, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	ed Agent signature re	quired when reinstating)	DATE		
FILE	NOW: FFF IS \$61.25	9. Electi	ion Campaign F	inancing	\$5.00	Make Choo	k Baya	ble to

Trust Fund Contribution.

5.00 May Be

Make Check Payable to

Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HANNA, A.T. NAME STREET ADDRESS 2937 S. ATLANTIC AVE., #1809 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME AZER, RAMEZ NAME STREET ADDRESS 1-PINE SHADOW TRAIL STREET ADDRESS CITY-ST-7/F **ORMOND BEACH FL 32174** CITY-ST-ZIP PD TITLE Delete TITLE ☐ Change Addition YOUSSEF, HG BISHOP NAME STREET ADDRESS 300 N HALIFAX AVENUE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition GIRGIS-BASSILY, ISAAC F NAME NAME STREET ADDRESS 300 N HALIFAX AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE MBD ☐ Delete TITLE ☐ Change ☐ Addition GUIRGUIS, NABIL NAME STREET ADDRESS 1087 YORK WAY STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32129 CITY-ST-ZIP MBD TITLE ☐ Delete TITLE ☐ Change Addition NAME ELSAKR, ASHRAF NAME STREET ADDRESS 808 SMOKERISE BLVD. STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP

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:

TESTER 13 055 14 / Priest) Jon, 08, 2003 386-257-1122

R2E037 (10/02)