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May 08 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000059 (3)

1. Corporation Name

SAINT JUDE MARONITE CATHOLIC CHURCH OF ORLANDO,  
INC.

Principal Place of Business

6282 SANDCREST CIR  
ORLANDO FL 32819-7536

Mailing Address

6282 SANDCREST CIR  
ORLANDO FL 32819-7536



3. Date Incorporated or Qualified  
12/27/1995

3a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

AKIKI, JOSEPH G FATHER  
6282 SANDCREST CIR  
ORLANDO FL 32819-7536

4. FEI Number  
59-3355985

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Joseph J. JeBailey

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

111 North Orange Ave. # 2050

83

84 City

Orlando

FL

85 Zip Code  
32819

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Joseph J. JeBailey

Joseph J. JeBailey

4-29-97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ZAYEK, ARCH BISHOP FR  
STREET ADDRESS 294 HOWARD AVENUE P.O. BOX 010-360  
CITY-ST-ZIP STATEN ISLAND NY

TITLE VPD ☐ DELETE  
NAME FARIS. CHORBISHOP JOHN D.  
STREET ADDRESS 294 HOWARD AVENUE POB 010-360  
CITY-ST-ZIP STATEN ISLAND NY

TITLE SD ☐ DELETE  
NAME THOMAS, MICHAEL  
STREET ADDRESS 2055 CORAL WAY  
CITY-ST-ZIP MIAMI FL

TITLE ASD ☐ DELETE  
NAME AKIKI, FATHER JOSEPH  
STREET ADDRESS 6282 SANDCREST CIRCLE  
CITY-ST-ZIP ORLANDO FL

TITLE T ☐ DELETE  
NAME JOSEPH, SAMUEL  
STREET ADDRESS 5401 KIRKMAN ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE ATD ☐ DELETE  
NAME JEBAILLEY, JOSEPH  
STREET ADDRESS 390 NORTH ORANGE AVENUE #1300  
CITY-ST-ZIP ORLANDO 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 ATD JEBAILLEY, JOSEPH  
6.3 STREET ADDRESS 390 North Orange Avenue # 2050  
6.4 CITY-ST-ZIP Orlando Florida 32819

14. I do 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.

SIGNATURE:

Joseph J. JeBailey

4-29-97

(407) 420-1000  
Daytime Phone # 0017471

CR2E037 (9/96)