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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

**6282 SANDCREST CIR
ORLANDO FL 32819-7536**

**6282 SANDCREST CIR
ORLANDO FL 32819-7536**

3. Date Incorporated or Qualified

12/27/1995

4. FEI Number

59-3355985

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JEBAILY, JOSEPH J
111 NORTH ORANGE AVE
#2050
ORLANDO FL 32819**

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

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 **AKKI, 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 **JEBAILY, JOSEPH**
STREET ADDRESS **111 NORTH ORANGE AVE., #2050**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **BISHOP STEPHEN HECTOR DOUEHI**
1.3 STREET ADDRESS **294 HOWARD AVENUE P.O. BOX 010-360**
1.4 CITY-ST-ZIP **STATEN ISLAND NY**

2.1 TITLE **SD** ☐ Change ☒ Addition

2.2 NAME **FATHER GEORGE ZINA**
2.3 STREET ADDRESS **6282 SANDCREST CIRCLE**
2.4 CITY-ST-ZIP **ORLANDO FL 32819**

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.

SIGNATURE: **Joseph J. Jebaily** 4/20/98 407-842-1000

CR2E037 (10/97)