

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90191 034 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000000059					
1. Entity Name SAINT JUDE MARONITE CATHOLIC CHURCH OF ORLANDO, INC.					
Principal Place of Business 5555 DR. PHILLIPS BLVD. ORLANDO, FL 32819 US			Mailing Address P.O. BOX 691357 ORLANDO, FL 32869 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3355985	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEBAILLEY, JOSEPH J ESQ. 450 SOUTH ORANGE AVE SUITE 650 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name <u>Father George Zina</u> Street Address (P.O. Box Number is Not Acceptable) <u>5555 Dr. Phillips Blvd.</u> City <u>Orlando</u> FL <u>32819</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <u>ZINA</u> <u>Father George Zina</u> <u>4/7/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANSOUR, GREGORY J BISHOP 109 REMSEN STREET BROOKLYN, NY 11201 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZINA, GEORGE FATHER P.O. BOX 691357 ORLANDO, FL 32869 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Father George Zina <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5555 Dr. Phillips Blvd. Orlando FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD JEBAILLEY, JOSEPH J ESQ. <input checked="" type="checkbox"/> Delete 450 SOUTH ORANGE AVE., SUITE 650 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Michael G. Thomas, Chorbishop <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 109 Remsen Street Brooklyn NY 11201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <u>ZINA, Father George Zina</u> <u>4/7/08</u> <u>(407-363-7405)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

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