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NONPROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # N9600000059 (3)

SAINT JUDE MARONITE CATHOLIC CHURCH OF ORLANDO.

| INC. | | | | | | | |
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| 6282 SANDCREST CIR 6282 SANDCRES | | Mailing Address | Mailing Address 6282 SANDCREST CIR ORLANDO FL 32819-7536 | | T IDEKINDY DIA NAKA DEKIN DUNK DUNK | CONTRACTOR OF THE | 3 |
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| ··· | | | | | Date Incorporated or Qualified 12/27/1995 | 3a. Date of Las | st Report |
| | | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number 59-3355985 | | Applied For |
| 21 Suite, Apt. #, etc. 22 | | 26 | | | | | Not Applicable |
| | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired S8.75 Add Fee Requ | | |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | \$5.0 | 00 May Be |
| Zip | Country | 28 | 1 | | Trust Fund Contribution | Add | ed to Fees |
| 24 | 25 | Zip 29 | Count | ry | 8. This corporation has liability fo | | s. 199.032, |
| | | of Current Registered Agent | 130 | | Florida Statutes 10. Name and Address of New | Yes k No | |
| | | | 8 | 1 Name | TO. INDITIO BITO AUDITORS Of New | nogistered Agent | |
| AKIKI, JOSEPH G FATHER | | | | | | | |
| | NDCREST CIR | | 8: | 2 Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| | O FL 32819-7536 | | 8: | 3 | | | |
| | | | <u> </u> | | | | |
| | | | 84 | 1 | | | ip Code |
| 11. Pursuant | to the provisions of Sections 6 | 317.0502 and 617.1508, Florida Statute | s, the above | named corpo | oration submits this statement for the nu | roose of changing its | registered offic |
| or register | | | | | | | d and a second |
| or register familiar wi | ith, and accept the obligations | a of Florida. Such change was authorize (a), Section,615 ,0503, Elerida Statutes. | d by the cor. | poration's bo | pard of directors. I hereby accept the app | pointment as registere | a agent. i am |
| or register familiar with SIGNATURE 2 | ith, and accept the obligations | 317.0502 and 617.1508, Florida Statute g of Florida. Such change was authorize 3. Section 817.0503, Elorida Statutes. | d by the cor. | poration's bo Josep | pard of directors. I hereby accept the app h G. Akiki | oointment as registere 3/26/96 | u agent. i am |
| SIGNATURE 6 | Signature, typed or printed patrie of regis | stored agen, and title if applicable (NOT | rr, | Josep. | h G. Akiki | 3/26/96 | agent. i am |
| SIGNATURE 2 | Signature, typed or printed patite of regis | elogical agent and title if applicable (NOT ERS AND DIRECTORS | rr, | Josep. | n G. AKIKI | 3/26/96 DATE | |
| SIGNATURE 2 12. TITLE | Signature Typed or printed earlie of regis OFFIC President and 1 | Blood agent and title 4 applicable TNOT ERS AND DIRECTORS Director DELETE | E: Registered Age | Josep. | If G. AKIKI | 3/26/96 DATE | |
| SIGNATURE 2 12. TITLE NAME | Signature Typed or printed partie of regis OFFIC President and I Arch Bishop Fra | logor agent and title # applicable TNOT ERS AND DIRECTORS Director | E: Registered Age | nt sgnaturo requi | If G. AKIKI | 3/26/96 DATE FICE AS AND DIRECTO | DRS IN 12 |
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ite this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, ocon an attachment with an address. FR. Joseph G. Akiki 3/26/96

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

Date

(407) 363-7405°°°