# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Sep 22, 2008**
**Secretary of State**

DOCUMENT# 722095

**Entity Name:** ST. PHILIP EASTERN ORTHODOX CHURCH OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

4870 GRIFFIN ROAD
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

4870 GRIFFIN ROAD
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number: 72-2095160** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SADAKA, NICHOLAS
8551 W. SUNRISE BLVD., STE 102
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

OZONE, NICHOLAS
4870 GRIFFIN ROAD
DAVIE, FL 33314 US

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.

SIGNATURE: NICHOLAS OZONE 09/22/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: SEC ( ) Delete
Name: GURREA, JULIO
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: PRES ( ) Delete
Name: HOWARD, DONALD C
Address: 10314 SW 23RD COURT
City-St-Zip: DAVIE, FL 33324

Title: TREA ( ) Delete
Name: HAYDAR, FADY
Address: 10111 SW 16 COURT
City-St-Zip: DAVIE, FL 33324

Title: VP ( ) Delete
Name: WARDELL, HARRY
Address: 3770 OAKRIDGE LANE
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: RICHIE, BASIL
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: TREA (X) Change ( ) Addition
Name: SEDAWIE, EDWARD
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change ( ) Addition
Name: KHOURY, SALIM
Address: 4870 GRIFFIN ROAD
City-St-Zip: DAVID, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DORTA VP 09/22/2008
Electronic Signature of Signing Officer or Director Date