

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90550 049 \*\*\*\*61.25

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**DOCUMENT # 728796**

1. Entity Name

**ST. GEORGE'S ANTIOCHIAN ORTHODOX CHURCH, INC.**

Principal Place of Business

**6300 BOWDEN ROAD  
 JACKSONVILLE FL 32216  
 US**

Mailing Address

**6300 BOWDEN ROAD  
 JACKSONVILLE FL 32216  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1666745**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ELIAS, ARCHPRIEST FR. J  
 5545 ALEXIS FOREST LANE  
 JACKSONVILLE FL 32258**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC NORMAN, HANANIA PO BOX 17681 JAX FL 32216 45-7681 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT MARWAN, ATALLAH 7015 ATLANTIC BLVD JACKSONVILLE FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAHIGE, SAOUD 3632 LEEWOOD LANE JACKSONVILLE FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NADYA, FARAH 941 RIO ST JOHN'S DRIVE JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BATTEH, SAMMY F 1235 CATALINA ROAD E JACKSONVILLE FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC NORMAN, HANANIA PO BOX 17681 JACKSONVILLE FL 32216 45-7681 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Hanania, Norman PO Box 17681 Jacksonville, FL 32245-7681 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Atallah, Marwan 7015 Atlantic Blvd. Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Saoud, Bahige 3632 Leewood Lane Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EL-Kauri, Nabil 3846 Bessent Rd. Jacksonville, FL 32218 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Battah, Sammy D. 1235 Catalina Rd., E. Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:

**NORMAN HANANIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)