FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765837 (0)

1. Corporation Name
ST. GEORGE COPTIC ORTHODOX CHURCH OF FLORIDA, IN C.

Principal Place of Business	Mailing Address
1109 N FRANKLIN ST. P O BOX 1027 PLANT CITY FL 33566-3011	1109 N FRANKLIN ST. P O BOX 1027 PLANT CITY FL 33566-3011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1982
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2534804 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOURJY, MOEIN A. MR.
3947 VENETIAN WAY
TAMPA FL 33634

10. Name and Address of New Registered Agent

31 Name: William Assad
32 Street Address (P.O. Box Number is Not Acceptable): 4926 Bayway Place
33:
34 City: Tampa FL 35 Zip Code: 33649

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William Assad William Assad 4/28/95
Signature (type or print) name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BOGHDADI, ANGELOS FR.
STREET ADDRESS	1109 N FRANKLIN ST
CITY-ST-ZIP	PLANT CITY FL
TITLE	TD
NAME	MATTA, JOSEPH
STREET ADDRESS	107 S GRADY AVE
CITY-ST-ZIP	TAMPA FL
TITLE	SD
NAME	GHABBOUR, GHABBOUR R. MR
STREET ADDRESS	9506 PEBBLE GLEN
CITY-ST-ZIP	TAMPA FL
TITLE	A
NAME	JOURJY,MOEIN A.
STREET ADDRESS	3947 VENETIAN WAY
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	GHALY, YOUSSE F
STREET ADDRESS	8731 A 30TH ST N
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	FARID, SHERIF
STREET ADDRESS	11925 CONGRESSIONAL DRIVE, #12
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Salama, Tallat Mr.	
1.3 STREET ADDRESS	1109 N. Franklin St., P. O.Box 1027	
1.4 CITY-ST-ZIP	Plant City, FL 33566-3011	
2.1 TITLE	TD	☒ Change ☒ Addition
2.2 NAME	Sobky, Nader Mr.	
2.3 STREET ADDRESS	1109 N. Franklin St., P. O. Box 1027	
2.4 CITY-ST-ZIP	Plant City, FL 33566-3011	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Ghabbour, Ghabbour R. Mr.	
3.3 STREET ADDRESS	9506 Pebble Glen	
3.4 CITY-ST-ZIP	Tampa, Fl	
4.1 TITLE	ASD	☒ Change ☒ Addition
4.2 NAME	Assad, William A. Dr.	
4.3 STREET ADDRESS	4926 Bayway Place	
4.4 CITY-ST-ZIP	Tampa, FL 33426	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Basta, Lofty Mr.	
5.3 STREET ADDRESS	1109 N. Franklin St., P. O. Box 1027	
5.4 CITY-ST-ZIP	Plant City, FL 33566-3011	
6.1 TITLE	PD	☐ Change ☐ Addition
6.2 NAME	Boghdadi, Angelos Fr.	
6.3 STREET ADDRESS	1109 N. Franklin St.	
6.4 CITY-ST-ZIP	Plant City, FL 33566	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William Assad William Assad, M.D. 4/28/95 (813) 251-6142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6083716