

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **765837** (0)

1. Corporation Name

**ST. GEORGE COPTIC ORTHODOX CHURCH OF FLORIDA, INC.**



Principal Place of Business

**1109 N FRANKLIN ST.  
P O BOX 1027  
PLANT CITY FL 33566-3011**

Mailing Address

**1109 N FRANKLIN ST.  
P O BOX 1027  
PLANT CITY FL 33566-3011**

3. Date Incorporated or Qualified  
**11/22/1982**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ASSAD, WILLIAM  
4926 BAYWAY PLACE  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

*William Assad*  
(NOTE: Registered Agent signature required when reinstating)

**3/31/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BOGHDAI, ANGELOS FR.**  
STREET ADDRESS **1109 N FRANKLIN ST**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **XXX** ☒ DELETE  
NAME **XXXXXX XOSERX**  
STREET ADDRESS **XXXXX XGRADYAVE**  
CITY-ST-ZIP **XXXXXX FL**

TITLE **D** ☐ DELETE  
NAME **GHABBOUR, GHABBOUR R. MR**  
STREET ADDRESS **9506 PEBBLE GLEN**  
CITY-ST-ZIP **TAMPA FL**

TITLE **ASD** ☐ DELETE  
NAME **ASAD, DR. WILLIAM A.**  
STREET ADDRESS **4926 BAYWAY PLACE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **XXX** ☒ DELETE  
NAME **XXXXX XOUSSEFX**  
STREET ADDRESS **XXXXX X20TH ST N**  
CITY-ST-ZIP **XXXXXX FL**

TITLE **D** ☐ DELETE  
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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **TD**  
2.3 STREET ADDRESS **Sobky, Nader G.**  
2.4 CITY-ST-ZIP **1001 O'Daniel Drive  
Lakeland, FL 33809**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **Assad, Dr. William**  
4.3 STREET ADDRESS **(Please correct last name)**  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **Basta, Dr. Lotfy**  
5.4 CITY-ST-ZIP **6208 Marbelle Boulevard  
Apollo Beach FL 33572**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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: *Nader Sobky* **NADER SOBKY (Treasurer)** **3/31/96** **(941) 644-2405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)