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May 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSAD, WILLIAM  
4926 BAYWAY PLACE  
TAMPA FL 33649

81 Name

Bolos, Rifat, B.

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

4216 Cartnal Ave.

83

84 City

Tampa,

FL

85

Zip Code

33624

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

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

(NOTE: Registered Agent signature required when re-stating)

4.15.1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

TITLE TD  
NAME SOBKY, NADER G  
STREET ADDRESS 1001 O'DONIEL DR  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

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

☒ DELETE

TITLE ASD  
NAME ASSAD, DR W  
STREET ADDRESS 4926 BAYWAY PLACE  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE D  
NAME BASTA, DR L  
STREET ADDRESS 6208 MARBELLE BLVD  
CITY-ST-ZIP APOLLO BCH FL

☒ DELETE

TITLE D  
NAME FARID, SHERIF  
STREET ADDRESS 11925 CONGRESSIONAL DRIVE, #12  
CITY-ST-ZIP TAMPA FL

☐ DELETE

11 TITLE ASD  
12 NAME ~~Rifat~~ Bolos, Rifat B.  
13 STREET ADDRESS 4216 Cartnal Ave.  
14 CITY-ST-ZIP Tampa, FL 33624

☐ Change ☒ Addition

21 TITLE D  
22 NAME Salama, Talat  
23 STREET ADDRESS 828 E. Flaga Ln.  
24 CITY-ST-ZIP Ponciana, FL 34759

☐ Change ☒ Addition

31 TITLE D  
32 NAME Girgis, Adel S.  
33 STREET ADDRESS 10124 Woodson Way  
34 CITY-ST-ZIP Tampa, FL 33618

☐ Change ☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 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

CR2E037 (9/96)