

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765837

1. Corporation Name

ST. GEORGE COPTIC ORTHODOX CHURCH OF FLORIDA, IN C.

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90274 016 ****61.25

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2. Principal Place of Business

21 **2135 W. Busch Blvd.**

Suite, Apt. #, etc.

22

City & State

23 **Tampa, FL**

Zip

24 **33612**

Country

25 **Hillsborough**

2a. Mailing Address

26 **2135 W. Busch Blvd.**

Suite, Apt. #, etc.

27

City & State

28 **Tampa, FL**

Zip

29 **33612**

Country

30 **Hillsborough**

3. Date Incorporated or Qualified

11/22/1982

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

9. Name and Address of Current Registered Agent

BOLOS, RIFAT B
4126 CARTNAL AVE.
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name **Saleh, Moussa Fr.**

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

2135 W. Busch Blvd.

83

84 City **Tampa**

FL

85 Zip Code
33612

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 **Saleh, Moussa Fr.**

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

X Moussa Saleh

(NOTE: Registered Agent signature required when reinstating)

X 4-27-99

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 **TD** ☒ DELETE

NAME **SOBKY, NADER G**

STREET ADDRESS **1001 O'DONIEL DR**

CITY-ST-ZIP **LAKE LAND FL**

TITLE **ASD** ☐ DELETE

NAME **BOLOS, RIFAT B**

STREET ADDRESS **4216 CARTNAL AVE.**

CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE

NAME **SALAMA, TALAUT**

STREET ADDRESS **828 E. FLAG LANE**

CITY-ST-ZIP **PONCIANA FL**

TITLE **D** ☐ DELETE

NAME **GIRGIS, ADEL S**

STREET ADDRESS **10124 WOODSONG WAY**

CITY-ST-ZIP **TAMPA 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 **VAD** ☐ Change ☒ Addition

NAME **Saleh, Moussa FR.**

2.2 STREET ADDRESS **2135 W. Busch Blvd**

2.3 CITY-ST-ZIP **Tampa, FL 33612**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition

NAME **JOHNSY, MOLEN**

4.2 STREET ADDRESS **2135 W. Busch Blvd.**

4.3 CITY-ST-ZIP **Tampa, FL 33612**

5.1 TITLE **SD** ☐ Change ☒ Addition

NAME **ASSAD, William Dr.**

5.2 STREET ADDRESS **2135 W. Busch Blvd**

5.3 CITY-ST-ZIP **Tampa, FL 33612**

6.1 TITLE **TD** ☒ Change ☐ Addition

NAME **FARID, SHERIF**

6.2 STREET ADDRESS **2135 W. Busch Blvd.**

6.3 CITY-ST-ZIP **Tampa, FL 33612**

14. 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 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, with all other like empowered.

SIGNATURE: **Saleh, Moussa FR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-27-99 X 813-453-5490

Date

Daytime Phone #

CR2E037 (11/98)

0048558