


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90322 015 ****70.00

DOCUMENT # 765837						
1. Entity Name ST. GEORGE COPTIC ORTHODOX CHURCH OF FLORIDA, INC.						
Principal Place of Business 2135 W BUSCH BLVD TAMPA, FL 33612			Mailing Address 2135 W BUSCH BLVD TAMPA, FL 33612			
2. Principal Place of Business 2135 W. Busch Blvd.		3. Mailing Address 2135 W. Busch Blvd.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Tampa, FL.		City & State Tampa, FL		4. FEI Number 59-2534804		
Zip 33612		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SALEH, MOUSSA T A 10005 OASIS PALM DR. TAMPA, FL 33615			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE <i>Fr. Moussa Saleh</i>				DATE 2/23/06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOGHDAI, ANGELOS FR. 2135 W. BUSCH BLVD. TAMPA, FL 33612		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALEH, MOUSSA F 2135 W BUSCH BLVD TAMPA, FL 33612		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HANNA, WASSEF 738 FLAMINGO DR. APOLLO BEACH, FL 33572		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GHALY, HELMY 404 LITHIA RIDGE BLVD VALRICO, FL 33594		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GHABOUR, GHABOUR 1319 CALDESI DR. ZEPHYRHILLS, FL 33543		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ISKANDAR, RAOUF 18008 AVALON LN. TAMPA, FL 33647		<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <i>Fr. Moussa Saleh</i>				DATE: 2/23/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 813 857-5125		