

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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**



04232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2534804

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALEH, MOUSSA T A
10005 OASIS PALM DR.
TAMPA, FL 33615**

**DO NOT WRITE
IN THIS SPACE**

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

Fr. Moussa Saleh
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007.**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOGHDADI, ANGELOS FR.
STREET ADDRESS 2135 W. BUSCH BLVD.
CITY-ST-ZIP TAMPA, FL 33612

TITLE VP
NAME SALEH, MOUSSA F
STREET ADDRESS 2135 W BUSCH BLVD
CITY-ST-ZIP TAMPA, FL 33612

TITLE TD
NAME HANNA, WASSEF
STREET ADDRESS 738 FLAMINGO DR.
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE D
NAME GHALY, HELMY
STREET ADDRESS 404 LITHIA RIDGE BLVD
CITY-ST-ZIP VALRICO, FL 33594

TITLE D
NAME GHABOUR, GHABOUR
STREET ADDRESS 1319 CALDESI DR.
CITY-ST-ZIP ZEPHYRHILLS, FL 33543

TITLE SD
NAME ISKANDAR, RAOUF
STREET ADDRESS 18008 AVALON LN.
CITY-ST-ZIP TAMPA, FL 33647

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IN THIS SPACE**

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05/14/07-80014-006 70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fr. Moussa Saleh

Date

Daytime Phone #

813 857-5725