2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# 765837

Entity Name: ST. GEORGE COPTIC ORTHODOX CHURCH OF FLORIDA, INC.

Current Principal Place of Business:

2135 W BUSCH BLVD
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

2135 W BUSCH BLVD
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-2534804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BOGHDADI, ANGELOS FR.	
Address:	2135 W. BUSCH BLVD.	
City-St-Zip:	TAMPA, FL 33612	
Title:	VP	( ) Delete
Name:	SALEH, MOUSSA F	
Address:	2135 W BUSCH BLVD	
City-St-Zip:	TAMPA, FL 33612	
Title:	TD	( ) Delete
Name:	BOLOS, REFAT	
Address:	2135 W BUSCH BLVD	
City-St-Zip:	TAMPAS, FL 33612	
Title:	D	( ) Delete
Name:	WILLIAM, ASSAD	
Address:	601 S ARMENIA AVE	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	JOURJY, MOEIN	
Address:	2135 W BUSCH BLVD	
City-St-Zip:	TAMPA, FL 33612	
Title:	SD	( ) Delete
Name:	ISKANDAR, RAOUF	
Address:	18008 AVALON LN.	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ASSAD D 01/17/2009

Electronic Signature of Signing Officer or Director — Date