

FILE NOW: FILING FEE IS \$61.25

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**Jan 27 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 # 820963 (7)
1. Corporation Name

THE DIOCESE OF NEWTON FOR THE MELKITES IN THE UNITED STATES OF AMERICA, INC.



Principal Place of Business: **19 DARTMOUTH ST. WEST NEWTON MA 02165**
Mailing Address: **P.O. BOX 265 NEWTON CENTRE MA 02159-0265 US**

3. Date Incorporated or Qualified: **12/07/1967**
3a. Date of Last Report: **01/26/1996**

2. Principal Place of Business: **19 Dartmouth St.**
2a. Mailing Address: **19 Dartmouth St.**
22. Suite, Apt. #, etc.
23. City & State: **West Newton, MA**
24. Zip: **02165** Country: **US**

4. FEI Number: **04-2636319**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**HADDAD, JOHN W
126 SE 15TH RD.
MIAMI FL 33129**

10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	SAMRA, NICHOLAS
STREET ADDRESS	8525 COLE
CITY-ST-ZIP	WATTREN MI 48093
TITLE	PD <input type="checkbox"/> DELETE
NAME	ELYA, JOHN A
STREET ADDRESS	19 DARMOUTH ST.
CITY-ST-ZIP	WEST NEWTON MA 02165
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	GOLINI, RONALD
STREET ADDRESS	233 GRANT AVE.
CITY-ST-ZIP	W. PATERSON NJ 02159
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Warren, MI 48093
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	19 Dartmouth St.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD
3.3 STREET ADDRESS	St. Germain, Andre
3.4 CITY-ST-ZIP	225 Main St. Pembroke, NH 03275
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, 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 of this report, or in an attachment with an address.

SIGNATURE: *Andre St. Germain* **ANDRE ST. GERMAIN, TREAS. 1/16/97 617-969-8457**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074992

CR2E037 (9/96)