

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 011 ****61.25

40102240



DOCUMENT # 820963 1. Entity Name THE DIOCESE OF NEWTON FOR THE MELKITES IN THE UNITED STATES OF AMERICA, INC.					
Principal Place of Business 3 VFW PARKWAY ROSLINDALE, MA 02131			Mailing Address 3 VFW PARKWAY ROSLINDALE, MA 02131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAYAL, RAYMOND J JR. 6910 N.W. 12TH STREET MIAMI, FL 33126				Name Right Reverend Gabriel Ghanoum Street Address (P.O. Box Number is Not Acceptable) 126 S.E. 15th Road City Miami FL Zip Code 33129	
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 <u></u> DATE <u>8/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 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	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGGAR, JOSEPH		NAME		
STREET ADDRESS	111 CROSS STREET		STREET ADDRESS		
CITY-ST-ZIP	CENTRAL FALLS, RI 02863		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSTROS, CYRIL S		NAME		
STREET ADDRESS	3 VFW PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ROSLINDALE, MA 02131		CITY-ST-ZIP		
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ST. GERMAIN, ANDRE		NAME	Right Reverend Gabriel Ghanoum	
STREET ADDRESS	225 MAIN ST.		STREET ADDRESS	126 S.E. 15th Road	
CITY-ST-ZIP	SUNCOOK, NH 03275		CITY-ST-ZIP	Miami, FL 33129	
TITLE	<input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Father Sami W. Baroody	
STREET ADDRESS			STREET ADDRESS	802 Rifle Camp Road	
CITY-ST-ZIP			CITY-ST-ZIP	West Paterson, NJ 07424	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u></u> Date <u>8/24/06</u> Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					