

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000009

FILED
Mar 01, 2007
Secretary of State

Entity Name: ST. DEMIANA COPTIC ORTHODOX CHURCH, INC.

Current Principal Place of Business:

100 BERNARD RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 54669
JACKSONVILLE, FL 322454669

New Mailing Address:

FEI Number: 59-3631396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASSILY, ISAAC FR
300 N HALIFAX AVE
DAYTONA BEACH, FL 32118 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: YOUSSEF, BISHOP
Address: PO BOX 1005
City-St-Zip: COLLEYVILLE, TX 760341005

Title: VD () Delete
Name: BASSILY, ISAAC
Address: 300 N. HALIFAX AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: TD () Delete
Name: MASSOUD, SABRY
Address: 2771 STONEHEDGE CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD () Delete
Name: SOLIMAN, ATEF
Address: 473 GOLF VIEW CR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CO () Delete
Name: IBRAHIM, SHERIF S
Address: 4396 COMANCHEW TRAIL BLVD
City-St-Zip: JACKSONVILLE, FL 32259

Title: CO () Delete
Name: GURGIS, FAHMY S
Address: 113 SEA ISLAND DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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
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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 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: SHERIF IBRAHIM

CO

03/01/2007

Electronic Signature of Signing Officer or Director

Date