


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90033 022 ***150.00

DOCUMENT # N00000007060	
1. Entity Name UNITARIAN DRUZE OF FLORIDA, INC.	

Principal Place of Business 5455 N US HWY 1 COCOA, FL 32927	Mailing Address 5455 N US HWY 1 COCOA, FL 32927
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94030029



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02172004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0904979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HATOUM, SAM 5455 N US HWY 1 COCOA, FL 32927		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D	TITLE	P
NAME	HATOUM, SAM	NAME	HATOUM SAM
STREET ADDRESS	5455 N US HWY 1	STREET ADDRESS	5455 N US HWY 1
CITY-ST-ZIP	COCOA, FL 32927	CITY-ST-ZIP	COCOA, FL 32927
TITLE	D	TITLE	T
NAME	HAMED, MACK	NAME	HAMED MACK
STREET ADDRESS	570 JANA DR	STREET ADDRESS	570 JANA DR
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D	TITLE	VP
NAME	ZOHER, CHEHAEB B	NAME	ZOHER CHEHAEB B
STREET ADDRESS	1752 COUNTRY CLUB DR.	STREET ADDRESS	1752 COUNTRY CLUB DR.
CITY-ST-ZIP	TITUSVILLE, FL 32780	CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D	TITLE	S
NAME	MOSRIE, RONNY	NAME	SALMAN AYASH
STREET ADDRESS	508 BRET CT.	STREET ADDRESS	221 ROSCOMMON CT.
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	ORLANDO, FL 32828
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemption stated in Section 119.07(3)(i), 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: Samy Hato 02/18/04 321-658-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #