2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000007060

1. Entity Name
UNITARIAN DRUZE OF FLORIDA, INC.

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

DO NOT WRITE IN THIS SPACE

03112005 No Chg-NP   CR2E037 (10/03)

4. FEI Number		Applied For
65-0904979		Not Applicable

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

6. Name and Address of Current Registered Agent

HATOUM, SAM
5455 N US HWY 1
COCOA, FL 32927

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**Filing Fee is $61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HATOUM, SAM
STREET ADDRESS	5455 N US HWY 1
CITY-ST-ZIP	COCOA, FL 32927
TITLE	T
NAME	HAMED, MACK
STREET ADDRESS	570 JANA DR
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	VP
NAME	ZOHER, CHEHAEY B
STREET ADDRESS	1752 COUNTRY CLUB DR.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	S
NAME	AYASH, SALMAN
STREET ADDRESS	221 ROSCOMMON CT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Sam Hatoum_ & SAM HATOUM _____   03/27/05   321-638-4060

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

03/27/05