2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# N01000008606

Entity Name: COPTIC ORTHODOX CHARITIES, INC.

Current Principal Place of Business:

4765 STONEVIEW CIR.
OLDAMAR, FL 34677

New Principal Place of Business:

2451 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33759

Current Mailing Address:

4765 STONEVIEW CIR.
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 55-0790330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISHAK, MOHEB
334 EAST LAKE ROAD, #251
PALM HARBOR, FL 34685 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:	OT	( ) Delete
Name:	KHALIL, NESSIM	
Address:	5424 WORTHINGTON	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	OT	( ) Delete
Name:	FARAG, SUZAN S	
Address:	334 EAST LAKE ROAD, #251	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	OD	( ) Delete
Name:	SALAMA, AMIRA F	
Address:	4765 STONEVIEW CIR.	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	OT	( ) Delete
Name:	FARID, KARIM	
Address:	626 FAYETTE DRIVE SOUTH	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	OT	( ) Delete
Name:	MEGALY, VICTORIA	
Address:	2373 COVINGTON DRIVE	
City-St-Zip:	CLEARWATER, FL 33763	
Title:	OT	( ) Delete
Name:	EID, SUZANNE	
Address:	626 FAYETTE DRIVE SOUTH	
City-St-Zip:	SAFETY HARBOR, FL 34695	

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
Name:	
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 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 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: AMIRA F. SALAMA OD 04/22/2005
Electronic Signature of Signing Officer or Director — Date