2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008606

FILED May 11, 2007 Secretary of State

Entity Name: COPTIC ORTHODOX CHARITIES, INC.			
Current Principal Place of Business:		New Principal Place of Business:	
	TO BAY BOULEVARD TER, FL 33765		
Current Mailing Address:		New Mailing Address:	
4765 STONEVIEW CIR. OLDSMAR, FL 34677			
FEI Number: 55-0790330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
4765 STONEVIEW CIR.		SALAMA, AMIRA F 4765 STONEVIEW CIR. OLDSMAR, FL 34677 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATURE: AMIRA F SALAMA			05/11/2007
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	OT () Delete KHALIL, NESSIM 5424 WORTHINGTON PALM HARBOR, FL 34685	Title: Name: Address: City-St-Zip:	OT (X) Change () Addition HANRATTY, LYNN 2969 NORTHFIELD DRIVE TARPON SPRING, FL 34688
Title: Name: Address: City-St-Zip:	OT () Delete FARAG, SUZAN S 2906 WESTON TER. PALM HARBOR, FL 34685	Title: Name: Address: City-St-Zip:	OT (X) Change () Addition PERVALL, JOSEPH 2143 CITRIS HALL VILLAGE PALM HARBOR, FL 34683
Title: Name: Address: City-St-Zip:	OD () Delete SALAMA, AMIRA F 4765 STONEVIEW CIR. OLDSMAR, FL 34677	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	OT () Delete FARID, KARIM 626 FAYETTE DRIVE SOUTH SAFETY HARBOR, FL 34695	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	OT () Delete MEGALY, VICTORIA 2373 COVINGTON DRIVE CLEARWATER, FL 33763	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	OT () Delete FARAG, NAGY DR. 1209 BAY DRIVE BELLAIRE BEACH, FL 33786	Title: Name: Address: City-St-Zip:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify 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: AMIRA SALAMA OD 05/11/2007