

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008606

FILED
Jan 08, 2008
Secretary of State

Entity Name: COPTIC ORTHODOX CHARITIES, INC.

Current Principal Place of Business:

2312 GULF TO BAY BOULEVARD
CLEARWATER, FL 33765

New Principal Place of Business:

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:

SALAMA, AMIRA F
4765 STONEVIEW CIR.
OLDSMAR, FL 34677 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: HANRATTY, LYNN
Address: 2969 NORTHFIELD DRIVE
City-St-Zip: TARPON SPRING, FL 34688

Title: OT () Delete
Name: PERVALL, JOSEPH
Address: 2143 CITRIS HALL VILLAGE
City-St-Zip: PALM HARBOR, FL 34683

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: FARAG, NAGY DR.
Address: 1209 BAY DRIVE
City-St-Zip: BELLAIRE BEACH, FL 33786

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 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

01/08/2008

Electronic Signature of Signing Officer or Director

Date