

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008606

FILED
Feb 13, 2010
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
Name: HANRATTY, LYNN
Address: 4765 STONEVIEW CIR.
City-St-Zip: OLDSMAR, FL 34677

Title: OT
Name: ANISE, MAGDY
Address: 4765 STONEVIEW CIR.
City-St-Zip: OLDSMAR, FL 34677

Title: OD
Name: SALAMA, AMIRA F
Address: 4765 STONEVIEW CIR.
City-St-Zip: OLDSMAR, FL 34677

Title: OT
Name: FARAG, RAOUF
Address: 4765 STONEVIEW CIR.
City-St-Zip: OLDSMAR, FL 34677

Title: OT
Name: KENNY, HELENA
Address: 4765 STONEVIEW CIR.
City-St-Zip: OLDSMAR, FL 34677

Title: OT
Name: KUPPERMAN, JASON
Address: 4765 STONEVIEW CIR.
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: AMIRA SALAMA

ED

02/13/2010

Electronic Signature of Signing Officer or Director

Date