


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90231 031 ****70.00

DOCUMENT # N02000009554			
1. Entity Name ST. SIMON THE TANNER COPTIC ORTHODOX CHURCH, INC.		Principal Place of Business 3924 MEADOW CREEK LANE SARASOTA, FL 34233	
Mailing Address 10005 OASIS PALM DR TAMPA, FL 33615		50020420	
2. Principal Place of Business 3924 Meadow Creek Lane		3. Mailing Address 10005 Oasis Palm Dr.	
Suite, Apt. #, etc. Lane		Suite, Apt. #, etc. Dr.	
City & State Sarasota, FL		City & State Tampa, FL	
Zip 34233		Zip 33615	
Country		Country	
4. FEI Number 43-1990629		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALEH, MOUSSA 10005 OASIS PALM DR TAMPA, FL 33615		7. Name and Address of New Registered Agent Name: Saleh, Moussa Street Address (P.O. Box Number is Not Acceptable): 10005 Oasis Palm Dr. City: Tampa FL Zip Code: 33615	
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: Moussa Saleh Fr. Moussa Saleh - 2/16/05 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SALEH, FR. MOUSSA STREET ADDRESS: 10005 OASIS PALM DR CITY-ST-ZIP: TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE: PD NAME: His Grace Bishop Youssef STREET ADDRESS: 1110 John McCain Rd. CITY-ST-ZIP: Colleyville, TX 76034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MANSOUR, GEORGE STREET ADDRESS: 3924 MEADOW CREEK LANE CITY-ST-ZIP: SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE: VD NAME: Fr. Moussa Saleh STREET ADDRESS: 10005 Oasis Palm Dr. CITY-ST-ZIP: Tampa, FL 33615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: HOSH, AMIR STREET ADDRESS: 3202 RAMBLEWOOD CIRCLE CITY-ST-ZIP: SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: Mansour, George STREET ADDRESS: 4899 Peneghnie Pt. Cir E CITY-ST-ZIP: Sarasota, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: IBRAHLM, GAMILA STREET ADDRESS: 501 REMBRAND DR CITY-ST-ZIP: OSPREY, FL 34229	<input type="checkbox"/> Delete	TITLE: TD NAME: Ibrahim, Gamila STREET ADDRESS: 501 Rembrand Dr. CITY-ST-ZIP: Osprey, FL 34229	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MELIKA, NADER STREET ADDRESS: 2972 FAIRFIELD CT CITY-ST-ZIP: DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Moussa Saleh		2/16/05 (813) 851-5725	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	