

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2009
Secretary of State**

DOCUMENT# N02000009554

Entity Name: ST. SIMON THE TANNER COPTIC ORTHODOX CHURCH, INC.

Current Principal Place of Business:

3924 MEADOW CREEK LANE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

10005 OASIS PALM DR
TAMPA, FL 33615

New Mailing Address:

FEI Number: 43-1990629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEH, MOUSSA
10005 OASIS PALM DR
TAMPA, FL 33615 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: PD () Delete
Name: SALEH, FR. MOUSSA
Address: 10005 OASIS PALM DR
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MANSOUR, GEORGE
Address: 3924 MEADOW CREEK LANE
City-St-Zip: SARASOTA, FL 34233

Title: PD () Delete
Name: HIS GRACE, BISHOP YAUSSY
Address: 1110 JOHN MCCAID RD.
City-St-Zip: COLLEYVILLE, TX 76034

Title: TD () Delete
Name: IBRAHLM, GAMILA
Address: 501 REMBRAND DR
City-St-Zip: OSPREY, FL 34229

Title: JD () Delete
Name: FN. MOUSSA, SALEH
Address: 10005 OASIS PALM DR.
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: MAUSOUR, GEORGE
Address: 4899 PENEGRINE PT. CIR E
City-St-Zip: SARASOTA, FL 34231

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: TD (X) Change () Addition
Name: IBRAHLM, GAMILA
Address: 11 BAYMONT ST
City-St-Zip: CLEARWATER, FL 33767

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: GAMILA S. IBRAHIM

MRS

03/09/2009

Electronic Signature of Signing Officer or Director

Date