2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000313

FILED Mar 05, 2006 Secretary of State

Entity Name: ST. REBEKAH COPTIC ORTHODOX CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 690035 ORLANDO, FL 328690035 **Current Mailing Address: New Mailing Address:** P.O. BOX 690035 ORLANDO, FL 328690035 FEI Number: 01-0767063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KALLEENY, R. SHENOUDA KALLEENY, R. SHENOUDA 2350 BOLSSOMWOOD DR. 7102 WINDING LAKE CIR OVIEDO, FL 32765 OVIEDO, FL 32765 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: 03/05/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SAKLA, EMAD SAKLA, EMAD Name: Name: 4932 SOLIMARTIN DR. Address: 4932 SOLIMARTIN DR. Address: ORLANDO, FL 32837 City-St-Zip: City-St-Zip: ORLANDO, FL 32837 Title: Title: () Delete () Change () Addition AZER, SAMIR Name: Name: Address: 3600 BEECH TREE Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition MENIAN, EFFAT Name: Name: 13011 ISLAMORADA DR. Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MIKHAEL, MIKHAEL Name: 4832 OAK PROMENADE LN Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: (X) Change () Addition GHIPRIEL, MOURIS BEDROS, MEDHAT Name: Name: 14607 HEATHERMERE LN 6397 MIRAMONT D # 105 Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: (X) Change () Addition WAHBA, NADER BOULOS, IHAB Name: Name: Address: 12888 EUCLAVE DR. Address: 9653 PORTOFINO DR ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32832 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FR. SHENDOUDA KALLEENY D 03/05/2006