


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90036 050 ****61.25

DOCUMENT # N03000001269	
1. Entity Name ST. STEPHEN SYRIAC ORTHODOX CHURCH, INC	

Principal Place of Business 5541 S. W. 70TH PLACE MIAMI, FL 33155	Mailing Address 35184 US 19 N PALM HARBOR, FL 34684 US
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54013451



2. Principal Place of Business 2285 W 80th St Suite, Apt. #, etc. 2 City & State Hialeah FL Zip 33016 Country USA	3. Mailing Address 2285 W 80th St. Suite, Apt. #, etc. 2 City & State Hialeah, FL Zip 33016 Country USA
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02212004 Chg-NP CR2E037 (10/03)

4. FEI Number 20 0494280	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent 415 TAX SERVICE INC 35184 US 19 N PALM HARBOR, FL 34684	7. Name and Address of New Registered Agent Name FADI MALKI Street Address (P.O. Box Number is Not Acceptable) 35184 US 19 N City Palm Harbor FL Zip Code 34684
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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 	FADI MALKI	2-21-04
Signature, typed or printed name of registered agent and title if applicable.		DATE

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MRAD, MAURICE 5541 S W 70TH PLACE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	Maurice Mrad	2/26/04	(305) 439-1746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #