2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

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Entity Name: ST. MARK COPTIC ORTHODOX CHURCH OF SW. FLORIDA, INC.

Current Principal Place of Business:

790 HARBOUR DRIVE
SUITE 2C
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

790 HARBOUR DRIVE
SUITE 2C
NAPLES, FL 34103

New Mailing Address:

FEI Number: 77-0612203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NASHED, NASHED A
790 HARBOUR DRIVE
SUITE 2C
NAPLES, FL 34103 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:	SAROFIEM, ALKESS Y	
Address:	906 CEDAR POINT PARKWAY	
City-St-Zip:	ANTIOCH, TN 37103	
Title:	SD	( ) Delete
Name:	NASHED, NASHED A	
Address:	2182 MORNING SUN LANE	
City-St-Zip:	NAPLES, FL 34119	
Title:	TD	( ) Delete
Name:	ASSAAD, WAFAA F	
Address:	790 HARBOUR DR # 2C	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	MAKRAM, MARK	
Address:	201 8TH ST SO. # 106	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	MIKHAIEL, GAMAL	
Address:	813 N ENTRADA DR.	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	MOUSSA, MAHER	
Address:	1836 S.E. 1ST TERR.	
City-St-Zip:	CAPE CORAL, FL 33990	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: WAFAA ASSAAD TD 01/09/2006

Electronic Signature of Signing Officer or Director — Date