2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009617

FILED Apr 01, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 11926 FAIRWAY LAKES DRIVE FORT MYERS, FL 33913 **Current Mailing Address: New Mailing Address:** 11926 FAIRWAY LAKES DRIVE FORT MYERS, FL 33913 FEI Number: 77-0612203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUIRGUIS, EHAB B 11658 PRINCESS MRGARET CT. CAPE CORAL, FL 33991 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOUTROS, JOACHIM Name: Name: 11926 FAIRWAY LAKES DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: Title: () Delete Title: () Change () Addition GUIRGUIS, EHAB B Name: Name: Address: 11658 PRINCESS MARGARET CT. Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: Title: () Delete Title: () Change () Addition MOUSSA, MAHER Name: Name: 1865 SENEGAL DATE DR. Address: Address: City-St-Zip: NAPLES, FL City-St-Zip: Title: D () Delete Title: () Change () Addition MAKRAM, MARK Name: Name: 2104 AMARGO WAY Address: Address: City-St-Zip: NAPLES, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition HANNA, SOHIER HANNA, SOHIER Name: Name: 2517 LAKE VIEW DR> 2517 LAKE VIEW DR Address: Address: City-St-Zip: LEHIGH ACRES, FL 33980 City-St-Zip: LEHIGH ACRES, FL 33980 Title: () Delete Title: () Change () Addition ELNEMER, IBRAHIM Name: Name: Address: 9650 PINEAPPLE PRESERVE CT. Address: FORT MYERS, FL City-St-Zip: 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: EHAB GUIRGUIS TD 04/01/2009