

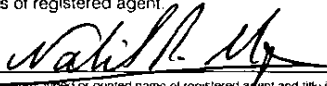
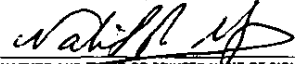


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90457 018 ****61.25

DOCUMENT # N05542					
1. Entity Name SAINT MARY AND ARCHANGEL MICHAEL COPTIC ORTHODOX CHURCH, INC. OF CENTRAL FLORIDA					
Principal Place of Business 1980 N. SR 426 OVIEDO, FL 32765 US		Mailing Address P.O. BOX 621209 OVIEDO, FL 32762-1209		40051200	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
				04102007 Chg-NP CR2E037 (12/06)	
				4. FEI Number 59-2636210	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AZER, EHAB S 1980 N. SR 426 OVIEDO, FL 32765				Name NABIL F. MORGAN Street Address (P.O. Box Number is Not Acceptable) 1128 NEEDLEWOOD LOOP City OVIEDO FL Zip Code 32765	
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 				DATE 4/26/2007	
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHENOUDA, KALLEENY F		NAME		
STREET ADDRESS	1980 N SR 426		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAWADROUS, DAUD N FR		NAME	D ZBRAHIM, HAZEM	
STREET ADDRESS	1016 KERWOOD CIRCLE		STREET ADDRESS	935 EKANA GREEN CT	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANSOUR, OLFAT		NAME	D NAGIB, YAGOUR	
STREET ADDRESS	2978 WILLOW BAY TER		STREET ADDRESS	1730 MARKHAM GLEN CIR	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AZER, EHAB		NAME	T MORGAN, NABIL	
STREET ADDRESS	1670 CANOE CREEK RD		STREET ADDRESS	1128 NEEDLEWOOD LOOP	
CITY-ST-ZIP	OVIEDO, FL 32766		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MIKHAEL, WASFY B		NAME	D HAKIM, IMAN	
STREET ADDRESS	1010 ANTELOPE TRL		STREET ADDRESS	1744 GRAND RUE DR.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MIKHAIL, RAAFAT		NAME	D SAHAAN, MAGED	
STREET ADDRESS	600 RIVERVIEW AVE		STREET ADDRESS	1931 ELKHOM CT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	LONGWOOD, FL 32750	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				DATE 4/24/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				DAYTIME PHONE # 407-366-6851	