

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91427 050 ****61.25

0072500

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2636210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMAAN, MAGED
1980 N. SR 426
OVIEDO FL 32765**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☐ Delete
NAME **SHENOUDA, KALLEENY F**
STREET ADDRESS **1980 N SR 426**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ Change ☒ Addition
NAME **OLFAT A. MANSOUR**
STREET ADDRESS **2978 Willow Bay Terr.**
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **D** ☒ Delete
NAME **SAMAAN, MAGED**
STREET ADDRESS **566 QUEENSBRIDGE DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **SD** ☐ Change ☒ Addition
NAME **WASFY B. MIKHAEL**
STREET ADDRESS **1010 ANTELOPE TRAIL**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **V** ☐ Delete
NAME **TAWADROUS, DAOUD FR.**
STREET ADDRESS **1016 KERWOOD CIRCLE**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ Change ☒ Addition
NAME **Michael F. Hanna**
STREET ADDRESS **7874 Brockwood Cr.**
CITY-ST-ZIP **Orlando, FL 32822**

TITLE **TD** ☐ Delete
NAME **AZER, EHAB**
STREET ADDRESS **1670 CANOE CREEK RD**
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **ATTALLAH, STEVEN**
STREET ADDRESS **7911 SAINT GIFES PL**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MIHAIL, RAAFAL**
STREET ADDRESS **600 RIVERVIEW AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **FR. SAMAAN MAGED**

4/25/03

407-359-8856

CR2E037 (10/02)