2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N07000012230

Entity Name: ST. MARY MAGDELANE COPTIC ORTHODOX CHURCH, INC.

Current Principal Place of Business:

2014 SW 120TH TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

2014 SW 120TH TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 26-1749809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALEH, FR. MOUSSA
10005 OASIS PALM DR.
TAMPA, FL 33615 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: AP ( ) Delete
Name: SALEH, MOUSSA FR.
Address: 1005 OASIS PALM DR.
City-St-Zip: TAMPA, FL 33615

Title: TD ( ) Delete
Name: SIDHOM, SAMI
Address: 3105 SW 126 TERR
City-St-Zip: ARCHER, FL 32618

Title: SD ( ) Delete
Name: ATTIA, SAFWAT
Address: 13114 SW 31 AVE
City-St-Zip: ARCHER, FL 32618

Title: D ( ) Delete
Name: SAWERES, NABIL
Address: 2934 NW 76TH TR
City-St-Zip: GAINSVILLE, FL 32606

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:

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: MOUSSA SALEH AP 01/17/2009

Electronic Signature of Signing Officer or Director Date