

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007188

FILED
Jul 11, 2009
Secretary of State

Entity Name: COPTIC PHARMACISTS ASSOCIATION, INC.

Current Principal Place of Business:

2930 COUNTRY RD. 193
CLEARWATER, FL 33759

New Principal Place of Business:

222 DOLPHIN POINT
A
CLEARWATER, FL 33767

Current Mailing Address:

2930 COUNTRY RD. 193
CLEARWATER, FL 33759

New Mailing Address:

222 DOLPHIN POINT
A
CLEARWATER, FL 33767

FEI Number: 77-0722869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ASSAD, NABIL H
222 DOLPHIN PT #AET #E 238
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

ASSAAD, NABIL H TREASUR
222 DOLPHIN PT
A
CLEARWATER, FL 33767 US

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: NABIL ASSAAD

07/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAKER, KYILLOS
Address: 669 TOMOKA DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: MAKER, ZEIZEL
Address: 669 TOMOKA DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: SHAKER, ALBERT
Address: 17930 LANE
City-St-Zip: CLEARWATER, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

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: TREA () Change (X) Addition
Name: ASSAAD, NABIL H TREASU
Address: 222 DOLPHIN POINT.
City-St-Zip: CLEARWATER, FL 33767

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: NABIL H. ASSAAD

TREA

07/11/2009

Electronic Signature of Signing Officer or Director

Date