

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007969

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** SAINT MONICA CHARITABLE SOCIETY, INC.

**Current Principal Place of Business:**

12634 NICOLE LANE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

12634 NICOLE LANE  
TAMPA, FL 33625

**New Mailing Address:**

**FEI Number:** 26-3269049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BASKRUN, MAGDI A  
12634 NICOLE LN  
TAMPA, FL 33625 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: P ( ) Delete  
Name: BASKRUN, MAGDI A  
Address: 12634 NICOLE LANE  
City-St-Zip: TAMPA, FL 33625

Title: VP ( ) Delete  
Name: MESIHA, SHERIF M  
Address: 2379 FINLANDIA LANE #53  
City-St-Zip: CLEARWATER, FL 33763

Title: S/T ( ) Delete  
Name: SHENOUDA, MARGREET M  
Address: 12634 NICOLE LANE  
City-St-Zip: TAMPA, FL 33625

**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:

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: MAGDI BASKRUN

P

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date