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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34557** (1)

1. Corporation Name
ST. MARY AND ST. MINA COPTIC ORTHODOX CHURCH, IN C.

Principal Place of Business Mailing Address
2151 BRADFORD ST CLEARWATER FL 34620 US **P.O. BOX 17566 CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/04/1989	3a. Date of Last Report 04/21/1994
4. FEI Number 59-2964992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**KHALIL, EKLADIOUS H.
2151 BRADFORD STREET
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81 Name F. EKLADIOUS H. KHALIL
82 Street Address (P.O. Box Number is Not Acceptable) 2151 BRADFORD ST
83 Clearwater
84 City
85 Zip Code FL 34620

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *F. Ekladius H. Khalil* **KHALIL EKLADIOUS** DATE **1/29/95**

12. OFFICERS AND DIRECTORS

TITLE DS	NAME ZAKI, SAMIR	STREET ADDRESS 1671 67TH STREET N	CITY- ST- ZIP ST PETERSBURG FL
TITLE D	NAME GUIRGESS, EMILE	STREET ADDRESS 1809 PIPERS MEADOW DR	CITY- ST- ZIP PALM HARBOR FL
TITLE DT	NAME SORIAL, MAHER F.	STREET ADDRESS 5364 63RD ROAD NORTH	CITY- ST- ZIP ST PETERSBURG FL
TITLE P	NAME KHALIL, EKLADIOUS	STREET ADDRESS 2151 BRADFORD STREET	CITY- ST- ZIP CLEARWATER FL
TITLE D	NAME ELKHOULY, MAMDOUTH R.	STREET ADDRESS 279 EIGHTH AVE N.	CITY- ST- ZIP TIERRA VERDE FL
TITLE D	NAME MATTA, HANI F.	STREET ADDRESS 285 EIGHTH AVE N.	CITY- ST- ZIP TIERRA VERDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	1.2 NAME FARID, ASHRAF	1.3 STREET ADDRESS 1747 GROVE DR	1.4 CITY- ST- ZIP CLEARWATER FL 34619	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE D	2.2 NAME KHALIL, YOUSEF	2.3 STREET ADDRESS 3301 58th AVE SOUTH	2.4 CITY- ST- ZIP ST. PETERSBURG FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE DS	3.2 NAME DEMIAN, EMILE	3.3 STREET ADDRESS 14947 LAKE FOREST DR.	3.4 CITY- ST- ZIP LUTZ FL 33549	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE DT	4.2 NAME HEINEN, MORCOS	4.3 STREET ADDRESS 2152 MOONSHADOW RD	4.4 CITY- ST- ZIP NEW PORT RICHY FL 34655	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE D	5.2 NAME BISHARA, MACARI	5.3 STREET ADDRESS 1850 PALMCREST LN	5.4 CITY- ST- ZIP CLEARWATER FL 34624	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *F. Ekladius H. Khalil* **KHALIL EKLADIOUS H. KHALIL** DATE **1/29/1995** 813.535-3981