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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 2151 BRADFORD ST CLEARWATER FL 34620 US
Mailing Address: P.O. BOX 17566 CLEARWATER FL 34622-0566

3. Date Incorporated or Qualified: 10/04/1989
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-2864992
Applied For: Not Applicable

Suite, Apt. #, etc: 22
27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
29
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KHALIL, FR EKLADIOUS H
2151 BRADFORD STREET
CLEARWATER FL 34620

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Fr Ekladios H Khalil* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 11/26/1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FARID, ASHRAF	
STREET ADDRESS	1747 GROVE DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KHALIL, YOUSEF	
STREET ADDRESS	3301 58TH AVE., SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DEMIAN, EMILE	
STREET ADDRESS	14947 LAKE FOREST DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HEINEN, MORCOS	
STREET ADDRESS	2152 MOONSHADOW ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHARA, MACCARI	
STREET ADDRESS	1850 PALMCREST LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUIRGESS, EMILE	
STREET ADDRESS	1809 PIPERS MEADOW DR	
CITY-ST-ZIP	PALM HARBOR FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HANNA HANNA
6.3 STREET ADDRESS	7683 Abonado Rd.
6.4 CITY-ST-ZIP	Tampa, FL 33615

14. I do 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 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: *Fr Ekladios H Khalil* Signature, typed or printed name of signing officer or director. DATE: 11/26/1997

CR2E037 (9/96)