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Jul 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
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

3. Date Incorporated or Qualified: 10/04/1989
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 2930 CR. 193
Suite, Apt. #, etc.: 22
City & State: 23 CLEARWATER FL
Zip: 24 33759 Country: 25 US
2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 33762 Country: 30 US

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2930 CR. 193
83 City: CLEARWATER, FL 33759
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 Ekladius H Khalil*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: FARID, ASHRAF STREET ADDRESS: 1747 GROVE DR CITY-ST-ZIP: CLEARWATER FL	1.1 TITLE: D	1.2 NAME: 2556 SWEET GUMWAY W.
TITLE: D	NAME: KHALIL, YOUSEF STREET ADDRESS: 3301 58TH AVE., SOUTH CITY-ST-ZIP: ST. PETERSBURG FL	1.3 STREET ADDRESS: CLEARWATER, FL 33761	1.4 CITY-ST-ZIP:
TITLE: DS	NAME: DEMIAN, EMILE STREET ADDRESS: 14947 LAKE FOREST DRIVE CITY-ST-ZIP: LUTZ FL	2.1 TITLE: D	2.2 NAME: SALEH, FR. MOUSSA
TITLE: DT	NAME: HEINEN, MORCOS STREET ADDRESS: 2152 MOONSHADOW ROAD CITY-ST-ZIP: NEW PORT RICHEY FL	2.3 STREET ADDRESS: 2930 CR. 193	2.4 CITY-ST-ZIP: CLEARWATER, FL 33759
TITLE: D	NAME: BISHARA, MACCARI STREET ADDRESS: 1850 PALMCREST LANE CITY-ST-ZIP: CLEARWATER FL	3.1 TITLE: DS	3.2 NAME: BASTA, LOUFY
TITLE: D	NAME: HANNA HANNA STREET ADDRESS: 7883 ABONADO RD. CITY-ST-ZIP: TAMPA FL	3.3 STREET ADDRESS: 1190 GULF BLVD	3.4 CITY-ST-ZIP: CLEARWATER, FL 34630
		4.1 TITLE: D	4.2 NAME: IBRAHIM, GUIRGUIS
		4.3 STREET ADDRESS: 851 BAYWA BLVD.	4.4 CITY-ST-ZIP: CLEARWATER, FL 34630
		5.1 TITLE: BT	5.2 NAME: TRESURERS
		5.3 STREET ADDRESS: 2227 KENT PLACE	5.4 CITY-ST-ZIP: CLEARWATER FL 33764
		6.1 TITLE: D	6.2 NAME: GUIRGESS, EMILE
		6.3 STREET ADDRESS: 1809 PIPERS MEDOW, PALM HARBOR	6.4 CITY-ST-ZIP:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11907(3)(a), 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 only has the 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 Ekladius H Khalil*

CRE037 (10/97)