


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

FILED
Feb 11, 1999 8:00 am
Secretary of State

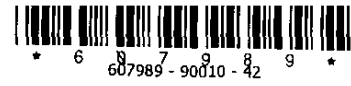
02-11-1999 90039 039 ****61.25
 08-19-1999 90010 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34557

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

Principal Place of Business 2930 CR. 193 CLEARWATER FL 33759 US	Mailing Address P.O. BOX 17566 CLEARWATER FL 33762
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/04/1989	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

KHALIL, FR EKLADIOUS
 2930 CR. 193
 CLEARWATER FL 33759

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FARID, ASHRAF
STREET ADDRESS	2556 SWEET GUM WAY W.
CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	D <input type="checkbox"/> DELETE
NAME	SALEH, MOUSSA
STREET ADDRESS	2930 CR. 193
CITY-ST-ZIP	CLEARWATER FL 33759
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	BASTA, LOUTFY
STREET ADDRESS	1180 GULF BLVD
CITY-ST-ZIP	CLEARWATER FL 34630
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	IBRAHIM, GUIRGUIS
STREET ADDRESS	851 BAYWA BLVD
CITY-ST-ZIP	CLEARWATER FL 34630
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	BISHARA, MACCARI
STREET ADDRESS	2227 KENT PLACE
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GUIRGESS, EMILE
STREET ADDRESS	1809 PIPERS MEADOW
CITY-ST-ZIP	PALM HARBOR FL 34620

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HIS GRACE BISHOP YOUSSEF
1.3 STREET ADDRESS	COPTIC ORTHODOX DIOCESE OF SOUTH FLORIDA
1.4 CITY-ST-ZIP	1110 John McCain Blvd, WILMINGTON TX 76034
2.1 TITLE	SALEH, MOUSSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SALEH, MOUSSA
2.3 STREET ADDRESS	2930 CR 193
2.4 CITY-ST-ZIP	Clearwater FL 33759
3.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HANNAH HANNAH
3.3 STREET ADDRESS	7683 ABONADO Rd TAMPA FL
3.4 CITY-ST-ZIP	33615
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	DT MARCO S. HEINEN <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	9715 FRED ST
5.3 STREET ADDRESS	HUDSON FL 34669
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: Hanna SIGNATURE REQUIRED Hanna 8/15/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)