

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90129 045 ****61.25

DOCUMENT # N34557

1. Entity Name

ST. MARY AND ST. MINA COPTIC ORTHODOX CHURCH, IN

Principal Place of Business

Mailing Address

2930 CR. 193
 CLEARWATER FL 33759
 US

P.O. BOX 17566
 CLEARWATER FL 33762-0566



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHALIL, FR EKLADIOUS
2930 CR. 193
CLEARWATER FL 33759

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	YOUSSEF, BISHOP	
STREET ADDRESS	1110 JOHN MCCAIN	
CITY-ST-ZIP	COLLEYVILLE TX 76034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALEH, MOUSSA	
STREET ADDRESS	2930 CR. 193	
CITY-ST-ZIP	CLEARWATER FL 33759	
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	HANNAH, HANNAH	
STREET ADDRESS	7683 ABONADO RD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HEINEN, MORCOSA	
STREET ADDRESS	9715 FRED ST	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Khalil Ekladius	
STREET ADDRESS	2930 CR 193	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Awad, Tony S.	
STREET ADDRESS	2043 Diamond CR.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanna Raafat	
STREET ADDRESS	8001 Merrimoor Blvd.	
CITY-ST-ZIP	Largo, FL 33777	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanna Hanna	
STREET ADDRESS	8523 Heyward Rd.	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF HANNAH
HANNAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2000 (813)276-5739

Date

Daytime Phone #

CR2E037 (9/99)