


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 020 ****70.00

DOCUMENT # N34557

1. Entity Name
ST. MARY AND ST. MINA COPTIC ORTHODOX CHURCH, INC.



Principal Place of Business
2930 CR. 193
CLEARWATER, FL 33759 US

Mailing Address
P.O. BOX 17566
CLEARWATER, FL 33762

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02152004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KHALIL, FR EKLADIOUS
2930 CR. 193
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EKLADIOUS, KHALIL	
STREET ADDRESS	2930 CR 193	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	AWAD, TONY S	
STREET ADDRESS	2043 DIAMOND CR	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNA, RIAFAT	
STREET ADDRESS	8001 MERRIMOOR BV	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HANNAH, HANNAH	
STREET ADDRESS	8523 HEYWARD RD	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HEINEN, MORCOSA	
STREET ADDRESS	9715 FRED ST	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAKA, KYPILLOS	
STREET ADDRESS	2930 CR 193	
CITY-ST-ZIP	CLEARWATER, FL 33759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: MORCOSA HEINEN 3-29-04 727-410-6889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #