2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90303 017 ****70.00

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

Principal Place of Business	Mailing Address
2930 CR. 193 CLEARWATER, FL 33759 US	P.O. BOX 17566 CLEARWATER, FL 33762

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03202005 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 MAKAR, FR. KYRILLOS
Street Address (P.O. Box Number is Not Acceptable)
2930 CR. 193
City CLEARWATER **FL** Zip Code 33759

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 _____ FR KYRILLOS MAKAR 4/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EKLADIOUS, KHALIL 2930 CR 193 CLEARWATER, FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAKAR, KYRILLOS 2930 CR 193 Clearwater, FL 33759	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AWAD, TONY S 2043 DIAMOND CR OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AWAD, TONY S. 2043 DIAMOND CR OLDSMAR, FL 34677	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNA, RIAFAT 6001 MERRIMOOR BV LARGO, FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNA, RAAFAT 709 Villagrande Ave S. St. Petersburg, FL 33707	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HANNAH, HANNAH 8523 HEYWARD RD TAMPA, FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HANNAH, HANNAH 8523 Heyward Rd Tampa, FL 33635	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HEINEN, MORCOSA 9715 FRED ST HUDSON, FL 34669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HEINEN, MORCOS A. 9715 FRED St. HUDSON, FL 34669	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAKA, KYPILLOS 2930 CR 193 CLEARWATER, FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHAY, ADEL 6156 Ospray Point Spring Hill, FL 34607	☒ Change ☐ Addition

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: _____ Fr. Kyrillos Makar 4/13/05 727-771-2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #