

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35457

FILED
Jul 24, 2007
Secretary of State

Entity Name: SAINT MARY AND SAINT GEORGE COPTIC ORTHODOX CHURCH, INC.

Current Principal Place of Business:

4279 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

4279 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3002219 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DR. MAGDI SOLIMAN
4144 TRALEE ROAD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUSSEF, BISHOP HG
Address: 1110 JOHN MC CAIN ROAD
City-St-Zip: COLLEYVILLE, TX 76034

Title: DV () Delete
Name: GERGES, GERGES FR
Address: 6567 MONTROSE TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: DT () Delete
Name: SOLIMAN, MAGDI DR.
Address: 4144 TRALEE RD.
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: DS () Delete
Name: SOLIMAN, KARAM DR.
Address: 5358 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: M () Delete
Name: G. RAGHEB, RAGHEB
Address: 3531 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: M () Delete
Name: HALIM, HANNA
Address: 848 EAGLE VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR MAGDI SOLIMAN

RA

07/24/2007

Electronic Signature of Signing Officer or Director

Date