2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# N35457

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:	
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 DT 07/15/2008

Electronic Signature of Signing Officer or Director — Date