

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35457

FILED  
Mar 20, 2009  
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 ( )**

**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: MAGDI SOLIMAN

DT

03/20/2009

Electronic Signature of Signing Officer or Director

Date