

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

APPROVED  
AND  
FILED

97 OCT -7 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N92000000201 (5)**

1. Corporation Name

**ST. EPHREM SYRIAC CATHOLIC CHURCH, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**3619 TOLEDO ROAD X** **3619 TOLEDO ROAD X**  
**JACKSONVILLE FL 32217** **JACKSONVILLE FL 32217**  
**14608 Stacey Road** **14608 Stacey Road**  
**Jacksonville, Fl 32250** **Jacksonville, Fl 32250**

2. Principal Place of Business 2a. Mailing Address  
**21 14608 Stacey Road** **26 14608 Stacey Road**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
 City & State City & State  
**23 Jacksonville, Fl** **28 Jacksonville, Fl**  
 Zip Country Zip Country  
**24 32250** **25 Duval** **29 32250** **30 Duval**

3. Date Incorporated or Qualified **11/04/1992** 3a. Date of Last Report **02/01/1996**  
 4. FEI Number **59-3161389** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MATTOSHA, MANSOUR REV**  
**9645 BAYMEADOWS ROAD**  
**APT. 733**  
**JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent  
**81 Name** **Jack Albanna**  
**82 Street Address (P.O. Box Number is Not Acceptable)** **6015 Chester Cir. #201**  
**83**  
**84 City** **Jacksonville** **85 Zip Code** **FL 32217**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jack Albanna* (NOTE: Registered Agent signature required when reinstating) DATE **10-3-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAYEK, ANTOUN</b>	
STREET ADDRESS	<b>3619 TOLEDO RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATTOSHA, MANSOUR</b>	
STREET ADDRESS	<b>9645 BAYMEADOWS RD., #733</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUNAN, JOSEPH</b>	
STREET ADDRESS	<b>3619 TOLEDO RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Vic-Chairman</b>	
1.3 STREET ADDRESS	<b>Hassam Yazji</b>	
1.4 CITY-ST-ZIP	<b>7247 Placid Oaks</b>	
	<b>Jacksonville, Fl 32277</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Secretary</b>	
2.3 STREET ADDRESS	<b>Jack Albanna</b>	
2.4 CITY-ST-ZIP	<b>6015 Chester Cir. # 201</b>	
	<b>Jacksonville, Fl 32217</b>	
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Treasurer</b>	
3.3 STREET ADDRESS	<b>George Azzo</b>	
3.4 CITY-ST-ZIP	<b>3977 Habana Ave.</b>	
	<b>Jacksonville, Fl 32217</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*u. alata*  
 10/10/97

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)

SIGNATURE REQUIRED: *Albanna* 10/10/97