

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**  
Jan 21 1998 8:00am  
Secretary of State

DOCUMENT # N92000000201 (5)  
1. Corporation Name

ST. EPHREM SYRIAC CATHOLIC CHURCH, INC.



Principal Place of Business: 14608 STACEY ROAD JACKSONVILLE FL 32250  
Mailing Address: 14608 STACEY ROAD JACKSONVILLE FL 32250

3. Date Incorporated or Qualified: 11/04/1992

4. FEI Number: 59-3161389  
Applied For:  Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
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

ALBANNA, JACK  
6015 CHESTER CIRCLE #201  
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TVC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAZJI, HASSAM	1.2 NAME	
STREET ADDRESS	7247 PLACID OAKS	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBANNA, JACK	2.2 NAME	
STREET ADDRESS	6015 CHESTER CIRCLE #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNAN, JOSEPH	3.2 NAME	
STREET ADDRESS	3619 TOLEDO RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	3.4 CITY-ST-ZIP	
TITLE	TT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZZO, GEORGE	4.2 NAME	
STREET ADDRESS	3977 HABANA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: Jack Albanna SIGNATURE REQUIRED: ALBANNA 1-898 (904) 448-6393  
Date: \_\_\_\_\_ Daytime Phone #: 000638

CR2E037 (10/97)