


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000201

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/04/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3161389
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Selwan Sulaiman
 82 Street Address (P.O. Box Number is Not Acceptable) 14608 Stacey Rd.
 83
 84 City Jacksonville FL 85 Zip Code 32250

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 [Signature] DATE 2-28-99

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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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	TS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Selwan Sulaiman	5.2 NAME	
STREET ADDRESS	14608 Stacey Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jax, FL. 32250	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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)(l), 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, with all other like empowered.

SIGNATURE: [Signature] DATE 2-28-99 DAYTIME PHONE # 904-745-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)