

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003163

1. Entity Name
THE ORTHODOX CHURCH OF ANTIOCH AND THE NEAR EAST, INC.



Principal Place of Business
**10010 LOCKMAN COURT
TAMPA FL 33612**

Mailing Address
**11711 WESSON CIR
TAMPA FL 33618**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number
59-3222421

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REXROAT, ANNE B
10010 LOCKMAN COURT
TAMPA FL 33612**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Add
NAME	DAMMOUS, WILLIAM I			NAME			
STREET ADDRESS	11711 WESSON CIR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 3361			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Add
NAME	DIBBS, BASSEM			NAME			
STREET ADDRESS	5812 N 22ND ST			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33610			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Add
NAME	REXROAT, ANNE B.			NAME			
STREET ADDRESS	14802 WEDGEWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Add
NAME	DIBBS, BASSEM			NAME			
STREET ADDRESS	11711 WESSON CR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Add
NAME	WILLIAM, BAMMOUS			NAME			
STREET ADDRESS	11711 WESSON CR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____