

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90161 031 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3222421

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REXROAT, ANNE B
10010 LOCKMAN COURT
TAMPA FL 33612**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAMMOUS, WILLIAM I**
CITY-ST-ZIP **11711 WESSON CIR
TAMPA FL 3361**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DIBBS, BASSEM**
CITY-ST-ZIP **5812 N 22ND ST
TAMPA FL 33610**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REXROAT, ANNE B.**
CITY-ST-ZIP **14802 WEDGEWOOD DR
TAMPA FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DIBBS, BASSEM**
CITY-ST-ZIP **11711 WESSON CR
TAMPA FL 33618**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILLIAM, BAMMOUS**
CITY-ST-ZIP **11711 WESSON CR
TAMPA FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

4/20/08