2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N96000000030

Entity Name: SAINT MARON MARONITE CATHOLIC CHURCH OF JACKSONVILLE, INC.

Current Principal Place of Business:

7032 BOWDEN RD.
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

7032 BOWDEN RD.
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3396281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABI CHEDID, ELIE FR
7032 BOWDEN RD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MANSOUR, GREGORY BISHOP
Address: 109 REMSEN STREET.
City-St-Zip: BROOKLYN, NY 11201

Title: VPD ( ) Delete
Name: THOMAS, MICHAEL VG
Address: 109 REMSEN STREET
City-St-Zip: BROOKLYN, NY 11201

Title: TD ( ) Delete
Name: CHEHAB, NASSER
Address: 1827 SAINT LAWRENCE WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: BOULOS, PETER REV
Address: 502 SEMINOLE AVE, NE
City-St-Zip: ATLANTA, GA 30307

Title: ASP ( ) Delete
Name: ABI CHEDID, ELIE REV
Address: 7032 BOWDEN RD.
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FR. ELIE ABI CHEDID ASP 04/15/2009
Electronic Signature of Signing Officer or Director — Date