

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006527

1. Entity Name

THE ARABIC EVANGELICAL CHURCH OF DAYTONA BEACH,

Principal Place of Business

Mailing Address

3000 S PENINSULA DRIVE
DAYTONA BEACH SHORES FL 32118

3000 S PENINSULA DRIVE
DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3484538

Applied For

Not Applicable

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

GUIRGIS, WAGID F
3953B SOUTH NOVA ROAD
PORT ORANGE FL 32119

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.

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME MARCOUS, ATEF
STREET ADDRESS 3811 LONG GROVE LANE
CITY-ST-ZIP PORT ORANGE FL 32119

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

TITLE VD ☐ Delete
NAME WAHBY, MOFID
STREET ADDRESS 2618 S PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

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

TITLE SD ☒ Delete
NAME DEMETRIOS, ADEL
STREET ADDRESS 524 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH FL 32176

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

TITLE TD ☐ Delete
NAME GUIRGIS, SUZAN R
STREET ADDRESS 3000 S PENINSULA DR
CITY-ST-ZIP DAYTONA BCH SHORES FL 32118

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

TITLE D ☐ Delete
NAME ELIAS, ADIL
STREET ADDRESS 115 PALMER AVE
CITY-ST-ZIP WINTER PARK FL 32784

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 exemption stated in Section 119.07(3)(i), 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 WAGID F GUIRGIS

Wagid F Guirgis 7/12/01

(396)
760-955

FILED
Jul 18, 2001 8:00 am
Secretary of State

03-26-2001 90136 007 ****61.25



DO NOT WRITE IN THIS SPACE

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