

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006527

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** THE ARABIC EVANGELICAL MINISTRIES OF DAYTONA BEACH, INC.

**Current Principal Place of Business:**

3221 S. PENINSULA DR.  
AT WEST MINSTER PRSBYTERIAN CHURCH  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

3000 S PENINSULA DRIVE  
DAYTONA BEACH SHORES, FL 32118 US

**New Mailing Address:**

FEI Number: 59-3484538      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUIRGIS, WAGID F  
3000 S. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118 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: VD ( ) Delete  
Name: WAHBY, MOFID  
Address: 2618 S PENINSULA DR  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: D ( ) Delete  
Name: GUIRGIS, SUZAN R  
Address: 3000 S PENINSULA DR  
City-St-Zip: DAYTONA BCH SHORES, FL 32118

Title: TD ( ) Delete  
Name: SHADIA, GRACE MRS.  
Address: 2300 N. ATLANTIC AVE., APT. 303  
City-St-Zip: DAYTONA BEACH, FL 32118

**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:

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: WAGID F. GUIRGIS

P

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date