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FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718250 (4)
1. Corporation Name
ST. JOHN THE BAPTIST ARMENIAN APOSTOLIC CHURCH, INC.



Principal Place of Business 6555 N.W. 36TH STREET SUITE 106 MIAMI FL 33166	Mailing Address 6555 N.W. 36TH STREET SUITE 106 MIAMI FL 33166-6903
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3. Date Incorporated or Qualified 03/25/1970	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-6143509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GULGULIAN, FR. OSHAGAN
9631 FONTAINEBLEAU BLVD.
#515
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81. Name
Naomi Davitian
82. Street Address (P.O. Box Number is Not Acceptable)
5010 Pierce Street
83. City
Hollywood **FL** 85. Zip Code
33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Naomi Davitian* **Naomi Davitian, Parish Council Chairman 5-20-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	GULGULIAN, FR. OSHAGAN	
STREET ADDRESS	9631 FONTAINEBLEAU BLVD., #515	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	CD	<input type="checkbox"/>
NAME	DAVITIAN, NAOMI	
STREET ADDRESS	5010 PIERCE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	KAZAZIAN, ANNA	
STREET ADDRESS	6951 S.W. 36TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Secretary/Trustee Clara Nenezian		
3.3 STREET ADDRESS	7000 Aberdeen Way		
3.4 CITY-ST-ZIP	Miami Lakes, FL 33014		
4.1 TITLE	TT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Treasurer/Trustee Louise Mahakian		
4.3 STREET ADDRESS	520 West 53rd Terrace		
4.4 CITY-ST-ZIP	Hialeah, FL 33012		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Naomi Davitian* **5-20-97 (305) 871-7714**

CR2E037 (9/96)