

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:05

DOCUMENT # **N10774** (0)

1. Corporation Name
**SAINT GARABED ARMENIAN ORTHODOX CHURCH OF ORLAND
O, INC.**

Principal Place of Business Mailing Address
P.O. BOX ~~600105~~ **1242** P.O. BOX ~~600135~~ **1242**
ORLANDO FL ~~328090105~~ ORLANDO FL ~~328090135~~
WINDERMERE, FL. 34786 WINDERMERE, FL. 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/20/1985** 3a. Date of Last Report **03/08/1994**
4. FEI Number **50-0684640 59-3238620** Applied For Not Applicable

5. Certificate of Status Desired **\$0.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
HARVEY, LUCINE M.
~~9221 SABAL PALM CIRCLE~~ **P.O. Box 1231**
~~WINDERMERE FL 34788~~
9221 SABAL PALM CIR
WINDERMERE, FL. 34786

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CT
NAME	HARVEY, LUCINE M.
STREET ADDRESS	9221 SABAL PALM CIR, P.O. Box 1231 N/A
CITY - ST - ZIP	WINDERMERE FL 34786-1231
TITLE	VC
NAME	CHEMENIAN, CHARLES
STREET ADDRESS	2018 BYRON ROAD
CITY - ST - ZIP	WINTER PARK FL
TITLE	SD
NAME	SHAHINIAN, JOHN
STREET ADDRESS	210 GRAHAM ROAD 1909 BENHURST 2
CITY - ST - ZIP	FERN PARK FL MAITLAND, FL. 32751
TITLE	D
NAME	ARZOUManIAN, Z
STREET ADDRESS	1012 N. OCEAN BLVD.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D
NAME	TAKVORIAN, S. THEODOR
STREET ADDRESS	115 DELLWOOD DR.
CITY - ST - ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucine M. Harvey Feb. 12, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #