

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10774 (0)
1. Corporation Name
SAINT GARABED ARMENIAN ORTHODOX CHURCH OF ORLANDO, INC.



Principal Place of Business Mailing Address
P.O. BOX 1242 WINDERMERE FL 34786 US
P.O. BOX 1242 WINDERMERE FL 34786 US

3. Date Incorporated or Qualified **08/20/1985** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3238620	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent

**HARVEY, LUCINE M.
9221 SABAL PALOE CIRCLE
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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, LUCINE M.	1.2 NAME	
STREET ADDRESS	P.O. BOX 1231 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL	1.4 CITY - ST - ZIP	
TITLE	VC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHEMENIAN, CHARLES	2.2 NAME	ARAM NAZARIAN
STREET ADDRESS	2018 BYRON ROAD	2.3 STREET ADDRESS	4700 LAKE SHARP DR.
CITY - ST - ZIP	WINTER PARK FL	2.4 CITY - ST - ZIP	ORLANDO, FLORIDA, 32817
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHINIAN, JOHN	3.2 NAME	
STREET ADDRESS	1909 BENHURST PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARZOUMANIAN, Z.	4.2 NAME	
STREET ADDRESS	1012 N. OCEAN BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKVORIAN, S. THEODOR	5.2 NAME	
STREET ADDRESS	115 DELLWOOD DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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: *Lucine M. Harvey* **LUCINE M. HARVEY**
P.O. BOX 1231 March 6, 1996
Signature and typed or printed name of signing officer or director Date
Daytime Phone # 407-876-2611

CR2E037 (12/95)