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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N10774**

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



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21		26	08/20/1985
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number
22		27	59-3238620
City & State		City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Trust Fund Contribution
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARVEY, LUCINE M. 9221. SABAL PALM CIR PO BOX 1231 WINDERMERE FL 34786				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAZARIAN, ARAM	2.2 NAME	
STREET ADDRESS	4700 LAKE SHARP DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	MATLAND FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: Katherine Harris **SIGNATURE REQUIRED** Jan 5, 1999 407-876-2616

CR2E037 (1/98)