

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N10774

1. Entity Name
SAINT GARABED ARMENIAN ORTHODOX CHURCH OF ORLANDO, INC.



Principal Place of Business Mailing Address

P.O. BOX 1242 **P.O. BOX 1242**
WINDERMERE, FL 34786 US **WINDERMERE, FL 34786 US**

DO NOT WRITE IN THIS SPACE



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3238620	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, LUCINE M.
9221 SABAL PALM CIR
PO BOX 1231
WINDERMERE, FL 34786

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT HARVEY, LUCINE M. P.O. BOX 1231 N/A WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC NAZARIAN, ARAM 4700 LAKE SHARP DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHAHINIAN, JOHN 1909 BENHURST PL MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWIE, DANA PO BOX 3204 WINTER PARK, FL 32790
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAKVORIAN, S. THEODOR 115 DELLWOOD DR. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/05-80089-004 70.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucine M. Harvey Jan 20, 2005 407-876-2616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #