


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

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N10774 1. Entity Name SAINT GARABED ARMENIAN ORTHODOX CHURCH OF ORLANDO, INC.	
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Principal Place of Business P.O. BOX 1242 WINDERMERE, FL 34786 US	Mailing Address P.O. BOX 1242 WINDERMERE, FL 34786 US
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01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3238620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

000000382355
01/12/06-80006-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lucine M. Harvey Jan 8, 2006 407-876-261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #