


NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 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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DO NOT WRITE IN THIS SPACE



01122007 00000000 000000000000

4. FEI Number 59-3238620	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 000000000000
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 000000000000
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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	

U00000595183
01/23/07-80029-019 61.25

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Lucine M. Harvey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Jan 15, 2007</u> <small>Date</small>	<u>407-876-2616</u> <small>Daytime Phone #</small>
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