


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2008 08:00 A
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



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3238620	Applied For 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

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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 \$81.25
Due by May 1, 2008

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

U00000786253
 01/17/08-80033-008 61.25

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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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: Lucine M. Harvey Jan. 14, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #