2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N10774

1. Entity Name

SAINT GARABED ARMENIAN ORTHODOX CHURCH OF ORLAN O, INC.



FILED
May 08, 2003 8:00 am
Secretary of State 05-08-2003 90164 031 ****70.00

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ce of Busines	3	Mailin	ng Address							
P.O. BOX 1242 WINDERMERE FL 34786 US										
						1 10311101 001 1101				
2. Principal Place of Business 3. 1				Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59				
Zip Country			Zip Country			Not Applicable 5. Certificate of Status Desired \$8.75 Additional				
` '6. Name	and Address of Current	Registere	ed Agent			7. Name and Addre				
HARVEY, LUCINE M. 9221 SABAL PALM CIR					Name	= + x · / v	***************************************			
					Street Addre	ess (P.O. Box Number is No	(P.O. Box Number is Not Acceptable)			
				City			T Zin Cod			
					City		FL	Zip Coa	е	
		and title if app	9. Election Can	npaign F	inancing	\$5.00 May Be				
•			Trust Fund Contribution,							
CT	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGES	S TO OFFICERS AND DIF			
HARVEY, P.O. BOX	HÁRVEY, LUCINE M. P.O. BOX 1231 N/A		∟ Delete	NAM! STRE	E ET ADDRESS			∐ Unange	☐ Addition {	
VC NAZARIA			☐ Delete	NAM	E		☐ Change ☐ Additi			
ORLAND(SD) FL		☐ Delete				<u></u>	☐ Change	Addition	
1909 BEN	SHAHINIAN, JOHN 1909 BENHURST PL		STRE	et address						
1012 N. I	ARZOUMANIAN, Z. 012 N. OCEAN BLVD.		NAM! STRE	E ET ADDRESS	72.00		Change	Addition		
D TAKVORI 115 DELL	AKVORIAN, S. THEODOR 15 DELLWOOD DR.		NAMI STRE	ET ADDRESS			Change	Addition		
			☐ Delete				,	☐ Change	Addition	
	Place of Busin #, etc. #, etc. te 6. Name 7, LUCINE M BAL PALM 1231 MERE FL 34 Palme entity tions of regist Signature, typed FILE NOW CT HARVEY, P.O. BOX WINDERN VC NAZARIAI 4700 LAK ORLANDO SD SHAHINIA 1909 BEN MAITLANI D ARZOUM 1012 N. O POMPAN D TAKVORI 115 DELL	Place of Business #, etc. Tec. Country 6. Name and Address of Current A, LUCINE M. BBAL PALM CIR 1231 MERE FL 34786 Pamed entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DIS CT HARVEY, LUCINE M. P.O. BOX 1231 N/A WINDERMERE FL VC NAZARIAN, ARAM 4700 LAKE SHARP DR ORLANDO FL SD SHAHINIAN, JOHN 1909 BENHURST PL MAITLAND FL D ARZOUMANIAN, Z. 1012 N. OCEAN BLVD. POMPANO BEACH FL	Place of Business #, etc. Country Title T	P.O. BOX 1242 WINDERMERE FL 34786 Place of Business #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent 7. LUCINE M. BAL PALM CIR 1231 MERE FL 34786 P.O. BOX 1241 FILE NOW: FEE IS \$61.25 CT HARVEY, LUCINE M. P.O. BOX 1231 N/A WINDERMERE FL VC NAZARIAN, ARAM 4700 LAKE SHARP DR ORLANDO FL SD SD SHAHINIAN, JOHN 1909 BENHURST PL MAITLAND FL D TAKVORIAN, S. THEODOR 115 DELLWOOD DR. LONGWOOD FL D Delete TAKVORIAN, S. THEODOR 115 DELLWOOD DR. LONGWOOD FL D CITY & Delete WINDERMERE FL VC D Delete D Delete D Delete D Delete D Delete D Delete TAKVORIAN, S. THEODOR 115 DELLWOOD DR. LONGWOOD FL	P.O. BOX 1242 WINDERMERE FL 34786 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Country Zip Country Zip Country Zip Country Apt. #, etc. Country Zip Country Country Country Zip Country Country Country Country Country Zip Country Country	Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Te. Name and Address of Current Registered Agent Name Street Address Liucine M. BAL PALM CIR Signature, typed or printed name of registered agent and falle if applicable. File Now: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. CT HARVEY, LUCINE M. P.O. BOX 1231 N/A WINDERMERE FL VC NAZARIAN, ARAM 4700 LAKE SHARP DR ORLANDO FL SID SHAHINIAN, JOHN 1909 BENHURST PL MAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete TITLE NAME SHREET ADDRESS CITY-ST-ZIP D Delete SHREET ADDRESS CITY-ST-ZIP TAKYORIAN, S. THEODOR TITLE NAME SHREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TAKYORIAN, S. THEODOR THE MADE TAKYORIAN STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	P.O. BOX 1292 WINDERMERE FL 34786 ##. etc. Suite, Apt. #. etc. City & State	P. D. BOX 1242 WINDERMERE FL 34786 US Place of Business 3. Mailing Address #, etc. Surte, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired A. FEI Number 59-3238620 Country 5. Certificate of Status Desired Name Street Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (F.O. Box Number is Not Acceptable) City FL City FL Signature, synetic printed married ingestiged agent and stati spotkastes. Correct Registered agent. Correct Registered agent. Signature, synetic printed married ingestiged agent and stati spotkastes. Correct Registered Agent Registere	P. BOX 122 Whotemers 3. Mailing Address 4. FEI Number 59-3238620 An Electric Country Itel Itel Country Itel Itel Country Itel I	

Thereby being that the information supplied with this filing does not quality 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: