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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718250

1. Corporation Name

**ST. JOHN THE BAPTIST ARMENIAN APOSTOLIC CHURCH,
INC.**

Principal Place of Business

6555 N.W. 36TH STREET
SUITE 106
MIAMI FL 33166

Mailing Address

6555 N.W. 36TH STREET
SUITE 106
MIAMI FL 33166



2. Principal Place of Business

21 4050 NW 100 Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 4050 NW 100 Avenue
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/25/1970

4. FEI Number

59-6143509

Applied For

Not Applicable

City & State

23 Hollywood, FL

City & State

28 Hollywood, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 33024 25 USA

Zip Country

29 33024 30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DAVITIAN, NAOMI
5010 PIERCE STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Naomi Davitian*
Signature, typed or printed name of registered agent and title if applicable.

Parish Council Chairman - 3/31/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TT ☐ DELETE
NAME MAHAKIAN, LOUISE
STREET ADDRESS 520 WEST 53RD TERRACE
CITY-ST-ZIP HIALEAH FL

TITLE CD ☐ DELETE
NAME DAVITIAN, NAOMI
STREET ADDRESS 5010 PIERCE STREET
CITY-ST-ZIP HOLLYWOOD FL:33021

TITLE ST ☐ DELETE
NAME NENEZIAN, CLARA
STREET ADDRESS 7000 ABERDEEN WAY
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Naomi Davitian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davitian (954) 450-55783/31/99

Date

Daytime Phone #

CR0517 (11/98)