2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 718250 May 17, 2000 8:00 am Secretary of State ST. MARY ARMENIAN APOSTOLIC CHURCH INC. 05-17-2000 90914 026 ****61.25 Principal Place of Business Mailing Address 4050 NW 100 AVE 4050 NW 100 AVE HOLLYWOOD FL 33024-8050 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address 4050 NW 100 Avenue 4050 NW 100 Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-6143509 Not Applicable Hollywood, Hollywood, Zip Country \$8.75 Additional 5. Certificate of Status Desired 33024 33024 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Naomi Davitian</u> Street Address (P.O. Box Number is Not Acceptable) DAVITIAN, NAOMI 12140 NW 12 Street **5010 PIERCE STREET** HOLLYWOOD FL 33021 Zip Code <u>Plantation</u> 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. April 27, 2000 Parish Council Chairman SIGNATURE d name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME MAHAKIAN, LOUISE STREET ADDRESS STREET ADDRESS 520 WEST 53RD TERRACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition ☐ Delete **X**Change TITLE TITLE CD NAME NAME DAVITIAN, NAOMI Davitian, Naomi 12140 NW 12 Street STREET ADDRESS STREET ADDRESS **5010 PIERCE STREET** CITY ST ZIP CITY-ST-ZIP Plantation, FL 33323 HOLLYWOOD FL 33021 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME NENEZIAN, CLARA STREET ADDRESS STREET ADDRESS 7000 ABERDEEN WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 12. Thereby certify that the information supplied with this filling does not qualify 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

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

SIGNATURE:

Naomi Davitian

4-27-00 (954) 450-5578