


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14304</b>	
<b>1. Entity Name</b> ST. GREGORY'S ARMENIAN APOSTOLIC CHURCH OF SOUTH FLORIDA, INC.	

<b>Principal Place of Business</b> P.O. BOX 741364 BOYNTON BEACH, FL 33474-1364	<b>Mailing Address</b> 931 NE 48TH STREET FT LAUDERDALE, FL 33334 US
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**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-2722410	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

DER-BEDROSSIAN, PETER  
3015 N OCEAN BLVD  
APT #12-I  
FORT LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

**7. 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:**  PETER DER-BEDROSSIAN 07/08/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CT</b> DER-BEDROSSIAN, PETER 3015 N OCEAN BLVD #12-I FORT LAUDERDALE, FL 33308
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> LAKHOYAN, VAZKEN 2301 NE 9TH STREET POMPANO BEACHE, FL 33062
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> TOKATLIAN, VARTKES 5110 NE 26TH AVENUE FORT LAUDERDALE, FL 33308
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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07/08/04-80014-008 61.25

**DO NOT WRITE  
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**12. 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 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:**  PETER DER-BEDROSSIAN 07/08/04 954-401-9787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #