2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N14304** 1. Entity Name

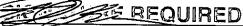


FILED Mar 17, 2003 8:00 am Secretary of State

ST. GREGORY'S ARMENIAN APOSTOLIC CHURCH OF SOUTH FLORIDA, INC.					03-17-2003 90482 027 *****61.25			
Principal Place of Business P.O. BOX 741364 BOYNTON BEAHC FL 33474-1364		Mailing Address 931 NE 48TH STREET FT LAUDERDALE FL 33334 US		1 (###/IPE ### 100) (#	el 83000 (fall 80 11) beel blen (and	21 010 13 010 14 0	(8 71 81816 1854	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING	: CHANGES	3	
City & State		City & State		4. FEI Number 59-2722410 Applied For				
Zip Country		Zip Country		5. Certificate of Sta			Not Applicable 8.75 Additional see Required	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered A	,	eu	
		- Carried Company	Name		· -	-		
	Drossian, Peter		Stroot Address		(P.O. Box Number is Not Acceptable)			
	OCEAN BLVD		Street Address	s (P.O. Box Number is No	ot Acceptable)			
APT #1:				<u> </u>	-			
	AUDERDALE FL 33308		City	,	FL	Zip Coo		
8. The abov	re named entity submits this statement for	r the purpose of changing its re	egistered office or regist	tered agent, or both, in th	ne State of Florida. I am fa	amiliar with.	and accept	
trie obliga	ations of registered agent.							
SIGNATURE	1				22/2/			
SIGNAI OHÇ	Signature, type and printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requi	red when reinstation)	03/02/0	23	i	
	,					<u>-</u>		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS /CHANGES	TO OFFICERS AND DIR	FOTORO II	1.15	
TITLE	CT	☐ Delete	TITLE	ADDITIONS/CHANGES		Change	Addition	
NAME	DER-BEDROSIAN, PETER		NAME			Ghange	Audition	
STREET ADDRESS	3015 N OCEAN BLVD #12-1		STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP				Í	
TITLE	SD	☐ Delete	TITLE			☐ Change	Addition	
NAME	LAKHOYAN, VAZKEN		NAME			J·	,	
STREET ADDRESS CITY-ST-ZIP	2301 NE 9TH STREET		STREET ADDRESS				}	
THE	POMPANO BEACHE FL 33062		CITY-ST-ZIP					
NAME	TOKATLIAN, VARTKES	☐ Delete	IIILE			Change —		
STREET ADDRESS	5110 NE 26TH AVENUE		NAME STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	D takes	
NAME		42 0010.0	NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		[Change	☐ Addition	
name Street address			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		[7] 5-1 /	-			_		
NAME		Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	•				
CITY-ST-ZIP			CITY-ST-ZIP					
	certify that the information cumplied with the		<u></u>				ſ	

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 hat 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:



03/02/03

954-401-9787