

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N24769</b><br>1. Entity Name<br><b>THE ARMENIAN-AMERICAN CULTURAL SOCIETY OF CENTRAL FLORIDA, INC.</b>  |   |  |  |  |  |
| Principal Place of Business<br><b>8831 SE 58TH AVE.<br/>OCALA FL 34480</b>  |   |  | Mailing Address<br><b>8831 SE 58TH AVE.<br/>OCALA FL 34480-8249<br/>US</b> |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |  |  |
| Suite, Apt #, etc.  |   | Suite, Apt #, etc.   |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  | 4. FEI Number <b>59-2452469</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                                |  |  |
| <b>MERIAN, AZAD<br/>701 NW 48TH AVE RD<br/>OCALA FL 34470</b>   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City         |  |  |
|   |   |  | <b>FL</b> Zip Code   |  |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |   |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |  |  |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees   |  |
|   |   | <b>Make Check Payable to<br/>Florida Department of State</b>                     |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>TT<br/>MERIAN, AZAD<br/>701 NE 48TH AVE. RD<br/>OCALA FL 34470</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>BABOYAN, HAROUT<br/>3516 RAYMUR VILLA DR<br/>JACKSONVILLE FL 32277</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P<br/>MANDOGIAN, VREJ DR<br/>33943 E. LAKE JOANNA DR<br/>EUSTIS FL 32736</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DV<br/>MERIAN, VIOLET<br/>701 NE 48TH AVE. RD<br/>OCALA FL 34470</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>ST<br/>MINASSIAN, MARIA<br/>13200 ANDERSON HILL<br/>CLERMONT FL 34711</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>SD<br/>MANOOGIAN, ANGELE<br/>2837 NE 3RD ST. APT 203<br/>OCALA FL 34470</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Azad Merian</i>   |   | AZAD MERIAN  |  | 1-29-05 352-236-2674   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date   |  | Daytime Phone #  |  |