2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N24769

1. Entity Name
THE ARMENIAN-AMERICAN CULTURAL SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
8831 SE 58TH AVE. OCALA, FL 34480	8831 SE 58TH AVE. OCALA, FL 34480-8249 US

DO NOT WRITE IN THIS SPACE

02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2452469
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERIAN, AZAD
701 NW 46TH AVE RD
OCALA, FL 34470

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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 _____ DATE
Signature, typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TT
NAME	MERIAN, AZAD
STREET ADDRESS	701 NE 48TH AVE. RD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	BABOYAN, HAROUT
STREET ADDRESS	3516 RAYMUR VILLA DR
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	P
NAME	MANDOGIAN, VREJ DR
STREET ADDRESS	33943 E. LAKE JOANNA DR
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	DV
NAME	MERIAN, VIOLET
STREET ADDRESS	701 NE 48TH AVE. RD
CITY-ST-ZIP	OCALA, FL 34470
TITLE	ST
NAME	MINASSIAN, MARIA
STREET ADDRESS	13200 ANDERSON HILL
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	SD
NAME	MANOOGIAN, ANGELE
STREET ADDRESS	2837 NE 3RD ST. APT 203
CITY-ST-ZIP	OCALA, FL 34470

U00000438292
02/28/06-80082-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Azad Merian AZAD MERIAN (TT) 2-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #