

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24769

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

8831 SOUTH EAST 58TH AVENUE  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

8831 SOUTH EAST 58TH AVENUE  
OCALA, FL 34480 US

**New Mailing Address:**

**FEI Number:** 59-2452469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERIAN, AZAD  
701 NORTH EAST 48TH AVENUE ROAD  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BALIAN, RICHARD  
Address: 2065 PALO ALTO  
City-St-Zip: LADY LAKE, FL 32159 US

Title: VP  
Name: LEAVITT, JOHN  
Address: 11621 SOUTH WEST 84TH AVENUE ROAD  
City-St-Zip: OCALA, FL 34481 US

Title: SEC.  
Name: TOOKMANIAN, CANDACE  
Address: 1727 WOOD VINE  
City-St-Zip: ORLANDO, FL 32824 US

Title: TRES  
Name: TOOKMANIAN, GEORGE  
Address: 9077 SW 82ND  
City-St-Zip: OCALA, FL 34481 US

Title: DIR  
Name: MERIAN, VIOLET  
Address: 701 NE 48TH AVENUE RD.  
City-St-Zip: OCALA, FL 34470 US

Title: DIR  
Name: CHUCHIAN, ART  
Address: 1546 SE 43RD TER.  
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN LEAVITT

V.P.

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date