


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

**FILED**  
**Aug 10, 2005 8:00 am**  
**Secretary of State**

08-10-2005 90016 006 \*\*\*\*70.00

<b>DOCUMENT # N25485</b>	
1. Entity Name <b>ST. HAGOP ARMENIAN CHURCH, INC.</b>	

Principal Place of Business <b>7050 90TH AVENUE NORTH PINELLAS PARK FL 33782</b>	Mailing Address <b>7050 90TH AVENUE NORTH PINELLAS PARK FL 33782</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>2681 SAXONY CT. W.</b> Suite, Apt. #, etc.
City & State	City & State <b>CLEARWATER, FL</b>
Zip <b>33761</b>	Country <b>USA</b>

2nd MOORE CR2E037 (5/05)

4. FEI Number <b>59-2623576</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JEBEJIAN, NERSES FATHER 7050 90TH AVENUE NORTH PINELLAS PARK FL 33782</b>	
7. Name and Address of New Registered Agent Name <b>ARSEN BAYANDRIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2681 SAXONY COURT WEST</b> City <b>CLEARWATER, FL</b> Zip Code <b>33761</b>	

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 *Armen Bayandrian* (**ARSEN BAYANDRIAN**) 8/2/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. PD OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																																
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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: *Armen Bayandrian* 8/2/05 (727) 643-7985  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #