

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90087 022 ****70.00

DOCUMENT # N98000000267

1. Corporation Name

ARMENIAN AMERICAN CULTURAL SOCIETY OF SW FLORIDA
, INC.

Principal Place of Business

801 KNOLLWOOD COURT
NAPLES FL 34108-8232

Mailing Address

801 KNOLLWOOD COURT
NAPLES FL 34108-8232



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

65-0808841

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DOMENIE, JOHAN
801 KNOLLWOOD COURT
NAPLES FL 34108-8232

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PRESIDENT	HAIDA G. DOHENIE	801 KNOLLWOOD CT	NAPLES FL 34108-8232	<input type="checkbox"/>
TREASURER	MARGARET HAROOTUNIAN	800 TURTLE LAKE CT #303	NAPLES FL 34105	<input type="checkbox"/>
SECRETARY	JOHAN DOMENIE	801 KNOLLWOOD CT	NAPLES FL 34108	<input type="checkbox"/>
VICE PRESIDENT-DIR.	MARK NAHABEDIAN	320 SEAVIEW CT #1404	MARCO ISLAND FL 34145	<input type="checkbox"/>
V.P. DIR.	HARRY TOROSIAN	2109 MISSION DR	NAPLES FL 34109	<input type="checkbox"/>
V.P. DIR.	ZAVEN HAROOTUNIAN	800 TURTLE LAKE CT #303	NAPLES FL 34105	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V.P. DIR.	SHNORK DADIAN	7501 SAN MIGUEL WAY	NAPLES FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HIDA G. DOHENIE 1-29-98

CR2E037 (11/98)