

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000267

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** ARMENIAN AMERICAN CULTURAL SOCIETY OF SW FLORIDA, INC.

**Current Principal Place of Business:**

749 BENTWATER CIRCLE  
SUITE 201  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

749 BENTWATER CIRCLE  
SUITE 201  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 65-0808841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOMENIE, JOHAN  
749 BENTWATER CIRCLE #201  
NAPLES, FL 34108 US

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

DOMENIE, JOHAN  
749 BENTWATER CIRCLE  
SUITE 201  
NAPLES, FL 34108 US

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:

02/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/PR  
Name: DOMENIE, MAIDA G  
Address: 749 BENTWATER CIR #201  
City-St-Zip: NAPLES, FL 341086762 US

Title: D/VP  
Name: HAROOTUNIAN, MAGARET  
Address: 625 LALIQUE CIRCLE #1402  
City-St-Zip: NAPLES, FL 34119 US

Title: D/VP  
Name: NAHABEDIAN, MARK  
Address: 320 SEAVIEW CT #1404  
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: S/TR  
Name: DOMENIE, JOHAN  
Address: 749 BENTWATER CIR #201  
City-St-Zip: NAPLES, FL 34108 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: JOHAN DOMENIE

S/TR

02/17/2010

Electronic Signature of Signing Officer or Director

Date