


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90011 025 ****61.25

DOCUMENT # 845032					
1. Entity Name ARMENIAN RELIEF SOCIETY OF EASTERN U.S.A., INC.					
Principal Place of Business 80 BIGELOW AVENUE SUITE 200 WATERTOWN, MA 02472			Mailing Address 80 BIGELOW AVENUE SUITE 200 WATERTOWN, MA 02472		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		City & State	
4. FEI Number 04-2684459				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSHAGAN, GEORGI ANN		NAME	PARSEGHIAN, MURIEL	
STREET ADDRESS	715 HEATHERWAY ST.		STREET ADDRESS	20 WOODLAND PARK APT #347	
CITY-ST-ZIP	ANN ARBOR, MI 48104		CITY-ST-ZIP	LOWELL, MA 01852	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASMAJIAN, SHAKEH		NAME	KILEDJIAN, KNAR	
STREET ADDRESS	4420 CHERRY HILL DR.		STREET ADDRESS	517 OREGON AVE	
CITY-ST-ZIP	ORCHARD LAKE, MI 48323		CITY-ST-ZIP	CLIFFSIDE PARK, NJ 07010	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALANIAN, NAYIRI		NAME		
STREET ADDRESS	1222 DISSTON ST.		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19111		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUYOU MOLJIAN, SILVA		NAME		
STREET ADDRESS	359 WALKER STREET		STREET ADDRESS		
CITY-ST-ZIP	FAIRVIEW, NJ 07022		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSAJANIAN, MARY LOU		NAME		
STREET ADDRESS	2185 WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLISTON, MA 01746		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARAFIAN, SALPI		NAME	ATTAR, ANNIE	
STREET ADDRESS	130 DICKERMAN ROAD		STREET ADDRESS	30978 PINE CONE DRIVE	
CITY-ST-ZIP	NEWTON, MA 02461		CITY-ST-ZIP	FARMINGTON HILLS, MI 48331	
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 full other like empowered.					
SIGNATURE: _____			2/11/06 6179263801		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		