SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845032

1. Corporation Name

ARMENIAN RELIEF SOCIETY OF MORTH-AMERICA, INC. Eastern USA,

Principal Place of Business

80 BIGELOW AVENUE WATERTOWN MA-02122

2. Principal Place of Business

Mailing Address

2a. Mailing Address

80 BIGELOW AVENUE WATERTOWN MA 02132

02472

02472

FILED

00 MAY -1 PH 5: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualifed

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 120 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 City FL 85 Zip Code 11. Parasant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes 120 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 City FL 85 Zip Code 11. Parasant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes 120 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 84 City FL 85 Zip Code 11. Parasant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes 121 Signature, victor agent, 1 am face of the purpose of changing its registered agent. 1 am face of th	21		26				01/22/1980)			
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of Sections 617 0002 and 617 1500. Fonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or the purpose of comparison and accept by all provisions of Sections 617 0002 and 617 1500. Fonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent is an information and accept by all provisions of Sections 617 0002 and 617 1500. Fonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept by all provisions of Sections 617 0002 and 617 0503. Fonds Statutes SIGNATURE PD ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ADDITIONSCHANGES TO OFFICERS AND DIRECTORS	23	<i>-</i>	28				J. Curaicate of St	atus Desired	Fee Rec	uired	
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FOREST HILLS NY 11375 64 CITY-ST-ZIP LOWELL MF) 01851 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	CITY-ST-ZIP	POREST FILLS NT 113/5	his filing dose of	nt qualify for the ex	cemption	n stated in S	Section 119 07(3)(i) Fi	orida Statutes I further	ر در certify that the int	ormation	

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

SIGNATURE AND TYPETO'S PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/9 J. LEWIS HAY

1 2000