

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 26 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **737140** (4)

1. Corporation Name

**SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SAINT PETER SBURG, FLORIDA, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 15343  
ST. PETERSBURG FL 33701-5343

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ST. PETERSBURG FL 33701-5343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/26/1976** 3a. Date of Last Report **05/01/1994**

4. FEI Number **36-2170876** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

28 City & State

23 Zip Country

29 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, THOMAS  
725 13TH AVE. SOUTH  
ST. PETERSBURG FL 33701**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Thomas Alexander*  
Signature of officer or printed name of registered agent or both, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**  
NAME **MCCORD, KERRY M**  
STREET ADDRESS **3930 39TH CIR SO**  
CITY - ST - ZIP **ST. PETERSBURG FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **DT**  
NAME **ALEXANDER, THOMAS**  
STREET ADDRESS **725 13TH AVE. SOUTH**  
CITY - ST - ZIP **ST. PETERSBURG FL**

2.1 TITLE  Change  Addition  
2.2 NAME **Alexander Thomas**  
2.3 STREET ADDRESS **725 13th Avenue South**  
2.4 CITY - ST - ZIP **ST. PETERSBURG FL 33705**

TITLE **DVC**  
NAME **PHILLIPS, EVELYN**  
STREET ADDRESS **1827 412ST ST S.**  
CITY - ST - ZIP **ST. PETERSBURG FL**

3.1 TITLE  Change  Addition  
3.2 NAME **MCCORD, KEVIN**  
3.3 STREET ADDRESS **501 47th Avenue No.**  
3.4 CITY - ST - ZIP **ST. PETERSBURG FL 33703**

TITLE **SD**  
NAME **MCGOVERN, E THOMAS III**  
STREET ADDRESS **435 12TH AVE NO**  
CITY - ST - ZIP **ST. PETERSBURG FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **S**  
NAME **MCCORD, BARBARA**  
STREET ADDRESS **3950 39TH CIRCLE SOUTH**  
CITY - ST - ZIP **ST. PETERSBURG FL**

5.1 TITLE  Change  Addition  
5.2 NAME **MCCORD, BARBARA**  
5.3 STREET ADDRESS **501 47th Ave No**  
5.4 CITY - ST - ZIP **ST. PETERSBURG FL 33703**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Kerry McCord*  
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 1-813-674-5791  
Date Daytime Phone #