

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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: P. O. BOX 15343 ST. PETERSBURG FL 33701-5343  
Mailing Address: P. O. BOX 15343 ST. PETERSBURG FL 33701-5343

3. Date Incorporated or Qualified: 10/26/1976  
3a. Date of Last Report: 04/26/1995  
4. FEI Number: 36-2170876  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: ALEXANDER, THOMAS 725 13TH AVE. SOUTH ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent: KEVIN L. McCORD 501 47th Avenue North St. Petersburg FL 33703

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: Kevin McCord (typed) / Kevin McCord (handwritten) DATE: 5/23/96

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCCORD, KERRY M	
STREET ADDRESS	3930 39TH CIR SO	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, THOMAS	
STREET ADDRESS	725 13TH AVENUE SOUTH	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCORD, KEVIN	
STREET ADDRESS	501 47TH AVENUE NORTH	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCGOVERN, E THOMAS III	
STREET ADDRESS	435 12TH AVE NO	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCCORD, BARBARA	
STREET ADDRESS	501 47TH AVENUE N	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RASON DOBBS	
1.3 STREET ADDRESS	25 21 DRIFTWOOD Rd SW	
1.4 CITY-ST-ZIP	ST PETERSBURG FL 33705	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MILDRED BIRKETT	
4.3 STREET ADDRESS	8325 17th Street No	
4.4 CITY-ST-ZIP	ST PETERSBURG FL 33702	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: Kevin McCord (typed) / Kevin McCord (handwritten) DATE: 5/23/96 DAYTIME PHONE: 813-522-7634

CR2E037 (12/95)