

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90124 005 ****61.25

DOCUMENT # 737140

1. Entity Name

SPIRITUAL ASSEMBLY OF THE BAHAI'S OF SAINT PETER--

Principal Place of Business

Mailing Address

676 2ND AVE SO
 ST. PETERSBURG FL 33701
 US

P. O. BOX 15343 ³³
 ST. PETERSBURG FL 33701-5343

C0014446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2170876

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRANO, ELLEN
1919 SERPENTINE CIR S.
ST. PETERSBURG FL 33712

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 CD MCCORD, SHARON Delete
 3950 39TH CIRCLE NORTH
 SAINT PETERSBURG FL 33711

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 SD DOBBS, LILLIAN Delete
 155 18TH AVE SE
 SAINT PETERSBURG FL 33705

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 SD Esther Young Change Addition
 2521 Dr. Atwood Rd. South
 Saint Petersburg, FL 33705

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 TD WALTER, KLEIN R Delete
 6481-27 AVE N.
 ST.PETERSBURG FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition

12. 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 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Klein R
WALTER KLEIN R

1-26-01

Date

727-345-8667

Daytime Phone #

CR2E037 (10/00)