

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90044 011 ****61.25

DOCUMENT # 737140

1. Entity Name

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

Principal Place of Business

Mailing Address

676 2ND AVE SO
 ST. PETERSBURG FL 33701
 US

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

900159



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

TITLE **CP** Change Addition
 NAME **Lauree J. Fray**
 STREET ADDRESS **4027 Harrisburg St. N.E.**
 CITY-ST-ZIP **St. Pete., FL 33703-6072**

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

TITLE **TD** Change Addition
 NAME **Rason H. Dobbs**
 STREET ADDRESS **155 18th Ave. S.E.**
 CITY-ST-ZIP **St. Pete., FL. 33705**

TITLE **SD** Delete
 NAME **YOUNG, ESTHER**
 STREET ADDRESS **2521 DR. ATWOOD RD. SOUTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **SD** Change Addition
 NAME **Sharon McCord**
 STREET ADDRESS **3950 39th Circle N.**
 CITY-ST-ZIP **St. Pete., FL 33711**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Rason H. Dobbs, Tres.**

1/8/02 727-821-8653

CR2E037 (9/01) 2.0