2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737140

FILED Feb 09, 2009 Secretary of State

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHA'IS OF SAINT PETERSBURG, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

676 2ND AVE SO

ST. PETERSBURG, FL 33701 US

Current Mailing Address: New Mailing Address:

P. O. BOX 15343

ST. PETERSBURG, FL 33733 US

FEI Number: 36-2170876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDERS, RABON ESKANDARI, SEPIDEH

676 2ND AVE SO 676 2ND AVÉ SO

ST. PETERSBURG, FL 33701 US ST. PETERSBURG, FL 33701 US

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: SEPIDEH ESKANDARI 02/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: () Change () Addition

 Name:
 MCCORD, KAREN
 Name:

 Address:
 676 2ND AVE SO
 Address:

City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 ESKANDARI, SEPIDEH
 Name:
 AKAVAN, ARUSSA

 Address:
 676 2ND AVE SO
 Address:
 676 2ND AVE SO

City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701

Title: SD () Delete Title: () Change () Addition

 Name:
 POGUE, JULIE
 Name:

 Address:
 676 2ND AVE SO
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33701
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARUSSA AKAVAN TD 02/09/2009