

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90254 014 ****61.25



DOCUMENT # 737140

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

Principal Place of Business

**676 2ND AVE SO
ST. PETERSBURG FL 33701
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2170876**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CD	FRAY, LAUREE J	4027 HARRISBURG ST NE	SAINT PETERSBURG FL 33705	<input checked="" type="checkbox"/>
TD	DOBBS, ROGER H	155 18TH AVE SE	SAINT PETERSBURG FL 33705	<input type="checkbox"/>
SD	MCCORD, SHARON	3950 39TH CIRCLE N	SAINT PETERSBURG FL 33711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
CD	Thomas Alexander	725 13th Ave. S.	St. Pete., FL 33701-5309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DOBBS, RASON H.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 OF RASON H. DOBBS, Treas.

2/19/03 727-821-8653

CR2E037 (10/02)