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 # **746109** **(8)**

1. Corporation Name

THE SPIRITUAL ASSEMBLY OF THE BAHA'IS OF DEERFIE LD BEACH, FLORIDA, INC.

Principal Place of Business	Mailing Address
241 NW 43 WAY DEERFIELD BEACH FL 33442	241 NW 43 WAY DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: **03/01/1979**

3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

EIKEVIK, BJARNE
241 NW 43 WAY
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EIKEVIK, BJARNE		1.2 NAME		
STREET ADDRESS	241 NW 43 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAWES, POLLY		2.2 NAME		
STREET ADDRESS	3351 SW 3RD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EVERTZ, DONNA		3.2 NAME		
STREET ADDRESS	1193 SE 2ND TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GUSTAFSON, OWEN		4.2 NAME		
STREET ADDRESS	208 NW 48TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SEIBERT, SANDRA		5.2 NAME		
STREET ADDRESS	610 TRACE DR #102		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAUCK, HELEN		6.2 NAME		
STREET ADDRESS	241 NW 43 WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD FL		6.4 CITY-ST-ZIP		

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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: Bjarne Eikevik — 3/3/96 — (904)421-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SCC 3-19-96

CR2E037 (12/95)