2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am § Secretary of State DOCUMENT # 746109 1. Entity Name 05-15-2001 90098 003 ****61.25 THE SPIRITUAL ASSEMBLY OF THE BAHA'IS OF DEERFIE Principal Place of Business Mailing Address 700700 1193 SE 2ND TERR 1193 SE 2ND TERR DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) EVERTZ, DONNA 1193 SE 2ND TERR **DEERFIELD BCH FL 33441** Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. Change CR2E037 (10/00) TD TITLE ☐ Addition TITLE ☐ Delete NAME DAWES, POLLY NAME 3351 SW 3RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL 33442 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE EVERTZ, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 1193 SE 2ND TERRACE CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BCH FL 33441** ☐ Delete ☐ Change ☐ Addition TITLE TITLE GUSTAFSON, OWEN NAME NAME STREET ADDRESS STREET ADDRESS 208 NW 48TH AVE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33442 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EVERTZ, RICHARD NAME STREET ADDRESS STREET ADDRESS 1193 SE 2ND TERRACE CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BCH FL 33441** TITLE □ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

5-1-01

FILED