

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92201 038 *****61.25

DOCUMENT # 746109

1. Entity Name

THE SPIRITUAL ASSEMBLY OF THE BAHAI'S OF DEERFIELD BEACH, FLORIDA, INC.



Principal Place of Business

**1193 SE 2ND TERR
DEERFIELD BEACH FL 33441
US**

Mailing Address

**1193 SE 2ND TERR
DEERFIELD BEACH FL 33441
US**

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 **NOT APPLICABLE**

Applied For
Not Applicable

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

**EVERTZ, DONNA
1193 SE 2ND TERR
DEERFIELD BCH FL 33441**

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	TD DAWES, POLLY	☐ Delete
STREET ADDRESS	3351 SW 3RD ST	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE NAME	SD EVERTZ, DONNA	☐ Delete
STREET ADDRESS	1193 SE 2ND TERRACE	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE NAME	CD GUSTAFSON, OWEN	☒ Delete
STREET ADDRESS	208 NW 48TH AVE	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE NAME	VCD EVERTZ, RICHARD	☐ Delete
STREET ADDRESS	1193 SE 2ND TERRACE	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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:

[Signature] **REQUIRED**

4/24/03

954-242-1562

CR2E037 (10/02)