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**May 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004467 (3)
1. Corporation Name
SPIRITUAL ASSEMBLY OF THE BAHAI'S OF MARION COUNTY, FLORIDA, INC.



Principal Place of Business SHADY ROAD VILLAS LOT#A-13, 9100 SW 27TH A VE. OCALA FL 34476	Mailing Address SHADY ROAD VILLAS LOT#A-13, 9100 SW 27TH A VE. OCALA FL 34476
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3. Date Incorporated or Qualified
06/05/1997

4. FEI Number Applied For
 Not Applicable

2. Principal Place of Business 21 11451 SW 82nd CT RD Suite, Apt. #, etc. 22	2a. Mailing Address 26 11451 SW 82nd CT RD Suite, Apt. #, etc. 27
City & State 23 OCALA FL	City & State 28 OCALA FL
Zip 24 34481	Country 25 USA
Zip 29 34481	Country 30 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**BENSON, MARJORIE M
SHADY RD VILLAS LOT A-13, 9100 SW 27TH AVE
OCALA FL 34476**

10. Name and Address of New Registered Agent

81 Name MILLIKEN, ELAINE H
82 Street Address (P.O. Box Number is Not Acceptable) 11451 SW 82nd CT RD
83
84 City OCALA
85 State FL
Zip Code 34481

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 *Elaine H. Milliken* **ELAINE H. MILLIKEN** **04/27/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, JOANN 423 MARION OAKS GOLF RD. OCALA FL 34473	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, RICHARD 423 MARION OAKS GOLF RD. OCALA FL 34473	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, MARJORIE SHADY RD VILLAS LOT A-13, 9100 SW 27TH AVE OCALA FL 34476	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, WILLIAM SHADY RD VILLAS LOT A-13, 9100 SW 27TH AVE OCALA FL 34476	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, BARBARA 8680E SW 94TH LANE OCALA FL 34481	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, DONALD 8054 SW 106 LOOP OCALA FL 34481	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D JOSIE SANTA-RAMOS 1125 SW 123 PLACE OCALA FL 34473	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D DEBORAH BARR STEPP 4 SILVER RUN OCALA FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D MILLIKEN, ELAINE 11451 SW 82nd CT RD OCALA FL 34481	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D MILLIKEN, ROBERT 11451 SW 82nd CT RD OCALA FL 34481	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Elaine H. Milliken* **ELAINE H. MILLIKEN** **04/27/98** **(352)237-9460**

CF2E037 (10/97)