

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90176 012 ****61.25

DOCUMENT # N97000004467

1. Entity Name
SPIRITUAL ASSEMBLY OF THE BAHAI'S OF MARION COUN

Principal Place of Business Mailing Address
 11451 SW 82ND CT RD 11451 SW 82ND CT RD
 Ocala FL 34481 Ocala FL 34481-3566
 US US



DO NOT WRITE IN THIS SPACE

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 Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent

MILLIKEN, ELAINE H
11451 SW 82ND CT RD
OCALA FL 34481

7. Name and Address of New Registered Agent

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.

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BENNETT, JOANN
STREET ADDRESS	423 MARION OAKS GOLF RD.
CITY-ST-ZIP	OCALA FL 34473
TITLE	D <input type="checkbox"/> Delete
NAME	BENNETT, RICHARD
STREET ADDRESS	423 MARION OAKS GOLF RD.
CITY-ST-ZIP	OCALA FL 34473
TITLE	D <input type="checkbox"/> Delete
NAME	SANTA-RAMOS, JOSIE
STREET ADDRESS	1125 SW 123RD PLACE
CITY-ST-ZIP	OCALA FL 34473
TITLE	D <input type="checkbox"/> Delete
NAME	STEPP, DEBORAH BARR
STREET ADDRESS	4 SILVER RUN
CITY-ST-ZIP	OCALA FL 34472
TITLE	D <input type="checkbox"/> Delete
NAME	GRIFFIN, BARBARA
STREET ADDRESS	8680E SW 94TH LANE
CITY-ST-ZIP	OCALA FL 34481
TITLE	D <input type="checkbox"/> Delete
NAME	LARSON, DONALD
STREET ADDRESS	8054 SW 108 LOOP
CITY-ST-ZIP	OCALA FL 34481

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAPP, ZAHRA
STREET ADDRESS	426 WATER RD.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLIKEN, ELAINE
STREET ADDRESS	11451 SW 82nd CT RD
CITY-ST-ZIP	OCALA, FL 34481
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLIKEN, ROBERT
STREET ADDRESS	11451 SW 82nd CT RD.
CITY-ST-ZIP	OCALA, FL 34481
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPP, DEBORAH BARR
STREET ADDRESS	605B MIDWAY DRIVE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, DONALD
STREET ADDRESS	6154 SW 86th LANE
CITY-ST-ZIP	OCALA, FL 34476

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** ELAINE H. MILLIKEN 4/26/00 (352)237-9460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)