2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004734

FILED Feb 14, 2005 Secretary of State

Entity Name: SPIRITUAL ASSEMBLY OF THE BAHA'IS OF WESTON, FL, INC.

Current Principal Place of Business: New Principal Place of Business: 2092 ISLAND CIRCLE WESTON, FL 33326 **Current Mailing Address: New Mailing Address:** P.O. BOX 266293 WESTON, FL 33326 FEI Number: 65-0934293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VARNAMKHASTI, SIAMAK H RAHMANI, SHEREEN B 2092 ISLAND CIRCLE POB 266293 WESTON, FL 33326 WESTON, FL 33331 US 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: SHEREEN RAHMANI 02/14/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ASBAGHI, VIVIAN MRS. Name: Name: 470 LAKETREE DRIVE Address: Address: City-St-Zip: WESTON, FL 33326 US City-St-Zip: Title: () Delete Title: () Change () Addition VARNAMKHASTI, SIAMAK H Name: Name: Address: 2092 ISLAND CIRCLE Address: City-St-Zip: WESTON, FL 33326 US City-St-Zip: Title: () Delete Title: () Change () Addition BAHAI RAHMANI, SHEREEN Name: Name: 4010 TURQUOISE TRAIL Address: Address: City-St-Zip: WESTON, FL 33331 US City-St-Zip: () Delete Title: Title: () Change () Addition BRAITHWAITE, SYLVESTER DR. Name: Name: 3272 MURFIELD Address: Address: City-St-Zip: WESTON, FL 33332 US City-St-Zip: Title: () Delete Title: () Change () Addition RAHMANI, MISSAGH MR. Name: Name: 4010 TURQUOISE TRAIL Address: Address: City-St-Zip: WESTON, FL 33331 US City-St-Zip: Title: () Delete Title: () Change () Addition FALLAH, ROYA G MRS. Name: Name: Address: 1004 PINE BRANCH Address: WESTON, FL 33326 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEREEN BAHAI RAHMANI TRES 02/14/2005